BLOWN-IN CEILING INSULATION
RELEASE, CONSENT AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of the undersigned individuals participating (individually and collectively, "**Participant**") in Fort Pierce Utilities Authority's Weatherization Education and Outreach Program to install up to 12 inches of blown-in ceiling insulation in Participant's home at the below address (the "**Work**"), Participant hereby RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Fort Pierce Utilities Authority ("**FPUA**"), the City of Fort Pierce, Florida, and their respective employees, agents, representatives, and contractors (each and collectively, the "**Releasees**") from any and all liability, claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by Participant or to any property belonging to Participant, including all of the real and personal property and property interests located at the below indicated address (collectively, the "**Home**").

PROPERTY ADDRESS: _____
Fort Pierce, Florida _____

IDENTIFICATION AND ACKNOWLEDGEMENT OF RISK

Participant is fully aware of the risks and potential hazards connected with having construction and mechanical work done at the Home and, particularly, the Work, including the risk of personal injury and damage to property, that may not be foreseeable and may occur despite appropriate precautions and safeguards. On such basis, Participant hereby consents and elects to have the Work performed at the Home. PARTICIPANT HEREBY VOLUNTARILY AGREES TO ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE AND PERSONAL INJURY, that Participant or the Home may sustain associated with, arising out of, or related to the Work, including that CAUSED BY THE NEGLIGENCE OF RELEASEES and otherwise.

RELEASE AND WAIVER OF LIABILITY

PARTICIPANT HEREBY EXPRESSLY (A) RECOGNIZES AND ASSUMES ALL RISKS ASSOCIATED WITH, ARISING OUT OF, OR RELATED TO THE WORK AND (B) VOLUNTARILY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE AND HOLD HARMLESS, IN ALL RESPECTS, THE RELEASEES. PARTICIPANT FURTHER AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or costs, including court costs and attorney's fees and costs, that each of the Releasees may incur and in any manner associated with the Work at the Home WHETHER CAUSED BY THE NEGLIGENCE OF RELEASSEES or otherwise.

It is Participant's express intent that this Release, Consent, and Waiver of Liability shall bind the members of Participant's family, including a spouse, if any, if Participant is alive and Participant's heirs assigns, and personal representative, if Participant is deceased (including any individual Participant that is deceased if more than one is undersigned), and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the Releasees. Participant further agrees that this Release, Consent, and Waiver of Liability is to be construed in accordance with Florida law and given validity as the full and correct statement of Participant's intent.

IN SIGNING THIS RELEASE, CONSENT, AND WAIVER OF LIABILITY, PARTICIPANT ACKNOWLEDGES AND REPRESENTS THAT all undersigned Participant(s) have read the foregoing, understand it and sign it voluntarily as of Participant's own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement have been made and, if made, are of no effect; undersigned Participant(s) are and include all individual persons who have ownership interests in the Home; all undersigned Participant(s) are at least 18 years of age and fully competent to execute this Release, Consent, and Waiver of Liability for full, adequate, and complete consideration from FPUA, fully intending Participant to be bound by the same.

_____
Access Contact Name & Phone Number (Renter If Applicable)

_____ _____
Printed Name of Participant #1 (Owner) Printed Name of Participant #2 (Owner)

_____ _____
Participant #1 (Owner) Phone and Email Participant #2 (Owner) Phone and Email

_____ _____
Signature of Participant #1 Signature of Participant #2

Date: _____ Date: _____

ACKNOWLEDGEMENT

STATE OF FLORIDA)
)
COUNTY OF ST. LUCIE)

The foregoing instrument was acknowledged before me, a Notary Public duly commissioned and qualified in and for said county and state, on this ____ day of _____, 20___, by the above-named person(s) (Florida driver's license Nos. _____ and _____).

NOTARY PUBLIC

_____
Official Notary Signature and Notary Seal

_____
Name of Notary Typed, Printed or Stamped

[Leave blanks if there are less than two Participant signatories. Attach additional copies of this page 2 if there are more than two Participant signatories.]