

# Snowplowing Waiver Agreement

**BETWEEN:** Clear Hills County, a Municipal Corporation  
(hereinafter referred to as the "County")  
OF THE FIRST PART  
-and-

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Rural Address Sign : \_\_\_\_\_

(hereinafter referred to as the "Resident(s)")  
OF THE SECOND PART

WHEREAS, the "Resident(s)" is the owner, purchaser, or lessee of the following lands:

LAND LOCATION: \_\_\_\_\_

WHEREAS, the Resident(s) desires the County to snowplow his private driveway when such driveway becomes impassable or hazardous due to snow conditions and is 65 years or older and/or is the surviving spouse of a senior and/or has special needs or is a fulltime school bus driver. The intent is only to ensure residents are not stranded due to excess snow.

NOW, THEREFORE, the County and the Resident(s) agree as follows:

1. The County agrees to snowplow the private driveway of the Resident(s), however it shall be understood that such snowplowing shall only be undertaken at the discretion of the County and only after the public roads have been cleared of snow to the satisfaction of the County.
2. Either party may terminate this waiver by serving Notice of Intent to terminate. Five (5) days notice will be required.
3. The Resident(s) hereby covenants and agrees that he will at all times indemnify and save harmless the County, his servants, contractors, and employees from and against all loss, damage or injury however caused, which may at any time during the continuance of this Waiver occur to any person or the property of any person including the Resident(s).
4. The Resident(s) shall not assign or transfer his interest under this Waiver.
5. The County shall have the right to refuse to snowplow any private driveway that in the opinion of the snowplow contractor, operator or County representative will be hazardous or difficult to snowplow.

IN WITNESS WHEREOF, this Waiver has been duly executed by the parties hereto on:

\_\_\_\_\_ A.D., 20\_\_\_\_.

SIGNED in the presence of:

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
LEESEE

CLEAR HILLS COUNTY

\_\_\_\_\_  
COUNTY REPRESENTATIVE

Proof of Age: \_\_\_\_\_

Proof of Provincial Handicap Sticker: \_\_\_\_\_

Proof of Fulltime Employment as a School Bus Driver (annually): \_\_\_\_\_

Other Comments: \_\_\_\_\_