



BOROUGH OF RIVER EDGE
Department of Recreation & Cultural Affairs

705 Kinderkamack Rd. River Edge, NJ 07661

www.riveredgenj.org/recreation

Facebook & Instagram @RiverEdgeRecreation

SNOW SHOVELING PROGRAM APPLICATION

RESIDENT NAME: _____ **HOME PHONE:** _____

ADDRESS: _____

EMAIL: _____ **CELL PHONE:** _____

PROGRAM TERMS

The following items should be understood before participating for this program

1. The Borough of River Edge accepts no responsibility for health insurance, liability insurance or accident insurance.
2. The student is not responsible for clearing off any vehicle due to potential property damage.
3. Students will not be allowed to enter any home.
4. If requesting salt the resident must provide. Students are not expected to bring additional resources at their expense
5. It is between the student & senior to arrange & coordinate the snow removal.
6. Payment Terms: Compensation will be no less then \$25.00 per snow storm and should be more if repeat trips are required or it is an excessive amount of snowfall. Payment will be organized through residents and students. The school and boroughs are not responsible for non-payment, following up, schedules, and or securing payments.
7. Due to COVID we stress the importance of safety for all individuals. We ask when in-person interaction occurs, all participants practice CDC safety guidelines and use masks, remain socially distant, and wash/sanitize hands.
8. I acknowledge that transportation is the responsibility of the student.

I AGREE TO THE TERMS OF THE SNOW SHOVELING PROGRAM:

PARTICIPANT SIGNATURE: _____ **DATE:** _____

RELEASE OF LIABILITY

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability and damages arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from resulting in my participation in the snow removal program, the following entities or persons: The Borough of River Edge and/or its elected officials, employees, volunteers, representatives and agents (the "Releasees").

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are possible, including the potential for permanent paralysis and death. I have reviewed and will adhere to all of Governor Murphy's Executive Orders, The Centers for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for Covid-19 in all respects while participating in the Snow Removal Program.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARTICIPANT SIGNATURE: _____ DATE: _____

Please mail application to:

Department of Recreation & Cultural Affairs
705 Kinderkamack Rd. River Edge, NJ 07661

You may also apply online at <https://register.capturepoint.com/RiverEdgeBorough>
Or call 201-599-6295 to register over the phone