

COUNTY OF KANE
DIVISION OF TRANSPORTATION
SNOW PLOW RIDE-ALONG PROGRAM

APPLICATION and WAIVER OF LIABILITY

Applicant's Name: _____
First Middle Last

Phone No.: _____ Date of Birth _____ / _____ / _____
(Area Code) Month Day Year

Address: _____
No. Street City State Zip

APPLICANT'S AVAILABILITY
(circle times that the applicant is available to participate)

Weekdays:

Day Time 8:00 am to 4:00 pm
Early Evening 4:00 pm to 8:00 pm
Evenings 8:00 pm to 12:00 am
Mornings: 12:00 am to 8:00 am

Weekends:

Day Time 8:00 am to 4:00 pm
Early Evening 4:00 pm to 8:00 pm
Evenings 8:00 pm to 12:00 am
Mornings: 12:00 am to 8:00 am

Eligibility for participation in the County of Kane's Division of Transportation Snow Plow Ride-Along Program (Program) shall be determined solely by the Director of the Kane County Division of Transportation (Director) who may in his sole discretion and at his sole option deny participation in the Program to you for any reason. The decision of the Director shall be final. When selected to participate, you will be notified by telephone at the telephone number you have provided hereinabove of the date and time that you will be required to appear to participate in the Program.

Do you have any medical or health issue(s) or condition(s) that may in any way affect the safe operation of the snow plow and/or the safety or the health and well being of the snow plow's driver? (yes)___ (no)____ If your answer is yes, please describe:

If selected, you must appear at the Kane County Division of Transportation's facility at 41W011 Burlington Road, St. Charles, Illinois 60175 after receipt by telephone of notice of participation in the Program. Failure to appear on assigned date and/or at the assigned time can result in denial of your participation in the Program. You may, only at the sole option of the Director, be rescheduled for participation in the Program.

After you have completely read and understand the following Safety Instructions and "Waiver" and in the event that you continue to desire to participate in the Program, please sign and date at the place(s) provided herein below and return this application and WAIVER to the Kane County Division of Transportation office, 41W011 Burlington Road, St. Charles, Illinois 60174 during regular business hours.

SAFETY RULES AND REGULATIONS

I acknowledge and agree to fully and completely comply with any and all safety rules and regulations of the Kane County Division of Transportation including but not necessarily limited to those set forth herein below:

SAFETY RULES AND REGULATIONS:

1. Seatbelts shall be worn at all times while in the cab of the snow plow.
2. Any and all levers, buttons, switches or controls of any kind or nature shall not be touched or operated at any time by the passenger. The passenger may operate the seat belt and door handles for purposes of entering or leaving the cab of the snow plow only while the snow plow is at a complete stop. Exiting the cab is not permitted along the roadway except in an emergency.
3. At no time shall the passenger distract or impair the driver of the snow plow in the operation of the snow plow.
4. While entering or exiting the cab of the snow plow, the passenger shall use all available handles, grab bars, rails and steps.
5. The passenger shall at all times follow any safety instruction of the snow plow driver.

The Safety Rules and regulations are hereby acknowledged:

Date

Applicant's Signature

**PLEASE CAREFULLY READ THE ATTACHED WAIVER
WAIVER OF LIABILITY**

I, _____, know, understand and
(Print Applicant's Name)

acknowledge the scope, nature, and extent of the risks involved in my participation in the County of Kane's Snow Plow Ride-Along Program.

I understand that these risks include but are not necessarily limited to the risk to me of damage to property, personal injury and/or death. I voluntarily and freely choose to assume all such risks and any other risks not described herein or otherwise contemplated hereby.

Being advised of and fully understanding the risks to which I may be subject and exposed to while participating in the County of Kane's Snow Plow Ride Along Program, I hereby assume any and all risk and hereby waive, on behalf of myself, my agents, heirs, successors and assigns, any and all causes of action, claims or demands for damage to property, injuries to person or death arising from my participation in the Kane County Division of Transportation's Snow Plow Ride-Along Program. I further hereby release and forever discharge the County of Kane, its, officers, employees, agents, servants, officials, contractors, subcontractors, consultants, successors, heirs and assigns from any and all liability for any and all claims made by me, on my behalf, or on behalf of my estate as a result of my participation in the County of Kane's Snow Plow Ride Along Program.

I have read the foregoing and fully acknowledge, completely understand and agree with the terms thereof.

Applicant's Signature

Date

Return completed applications to the Director, Kane County Division of Transportation,
41W011 Burlington Road, St. Charles, Illinois 60175