

**APPLICATION:**

**SNOW REMOVAL DISABILITY EXEMPTION AND WAIVER OF LIABILITY**

The undersigned requests a disability exemption to South Bend's snow removal ordinance. By signing this document, the undersigned affirms under penalties for perjury that all information contained in this application is true and accurate. **The undersigned further acknowledges that furnishing false or misleading information to a government agency is a criminal offense.** Documents showing proof of disability must accompany this application – Social Security disability determination, Medicaid eligibility determination.

**Full Name of Person Seeking Exemption** \*:\* Hereafter "Applicant"

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Last Name	First Name	Middle Name
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**Property Address Where Applicant Resides (Include Zip Code):**

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Address	Street
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City	State	Zip Code
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**Applicant's Phone Number:** \_\_\_\_\_ **Applicant's Year of Birth:** \_\_\_\_\_

**Owner of Property Where Applicant Resides and Applicant's Relationship to Property Owner:**

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Property Owner's Name	Relationship to Applicant
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**Name, Address and Phone No. Of Contact Person if Applicant is Unavailable:**

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Name	Address
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City	State	Zip Code
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Home Phone	Cell Phone
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**Relationship to Contact Person:** \_\_\_\_\_

**Names and Ages of All Other Persons Living in Applicant's Home Property. Circle the Name Of Any Disabled Household Member.**

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***Return all paperwork to City of South Bend, Department of Code Enforcement, 227 W. Jefferson Boulevard, 1300 County-City Building, South Bend, Indiana 46601***

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**REASON FOR EXEMPTION/ Identify Disability and Diagnosis Of Disability. Explain How It Impairs Ability to Remove Snow.**

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**Check All That Apply:**

- \_\_\_\_\_ I receive Social Security Disability benefits (You must provide proof by a copy of Disability Determination or other valid document)
- \_\_\_\_\_ I receive Medicaid benefits due to my disability (You must provide proof of Medicaid eligibility due to disability.)
- \_\_\_\_\_ I have been issued a valid mobility handicapped parking permit from the South Bend Board of Public Works and I have a medical impairment that prevents me from shoveling snow. (Must provide proof of medical impairment along with proof of current handicapped license plate or hang tag from Bureau of Motor Vehicles.)
- \_\_\_\_\_ I am not employed because of my disability.
- \_\_\_\_\_ No other person in my household can shovel or remove snow from my sidewalk, and I do not have any other person who can assist me.

This application is not a guarantee of snow removal assistance. The Snow Removal Volunteer program is subject to availability of volunteers.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

**FOR AGENCY COMPLETION**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

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If further information is needed, identify: \_\_\_\_\_

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**SIGNATURE AND RELEASE OF ALL LIABILITY**

As a condition of any snow removal assistance (the "Activity") I may receive from the City of South Bend, I hereby recognize and acknowledge that any volunteer snow shoveler performing the Activity is not an agent, servant, or employee of the City of South Bend. The Volunteer is not performing the Activity at the behest of, or under the control or supervision of the City of South Bend, but rather at my request of and under my exclusive control and direction.

Therefore, I agree that any claims or suits that I might pursue against the Volunteer as a result of my participation in the Activity specified herein, including but not limited to, claims of property damage, personal injury, and intentional tort, are my sole responsibility. I release the City of South Bend, its Departments, and its officers, employees, attorneys, and agents from any judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by me in pursuing any such claim. I further release the City of South Bend, all its Departments, and its officers, employees, attorneys, and agents, from any liability whatsoever for any and all acts or omissions of the Volunteer, under any theory of vicarious liability or otherwise.

I further agree to assume the full risk of any property damage or personal injuries which I may sustain as a result of participating in the Activity. I hereby waive, release and discharge any and all claims for property damage and personal injury, including death, which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the City, its Departments, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as a result of my death, injury, or property damage that I sustain, while participating in the Activity. This waiver, release and assumption of risk is binding upon my heirs and assigns.

I further agree that if any claim or suit is pursued by me or on my behalf as a result of injuries from the Activity specified herein against the City of South Bend, its Departments, and its officers, employees, attorneys, and agents, I will indemnify and hold harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE CITY OF SOUTH BEND AND ME, AND I SIGN IT OF MY FREE WILL. I FURTHER AFFIRM UNDER PENALTIES FOR PERJURY THAT ALL THE INFORMATION CONTAINED IN THE APPLICATION FOR EXEMPTION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

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