



Snow Buddies Program

OFFICE USE ONLY

Date Reg. _____

Date Matched _____

Date Buddy List sent _____

New Returning

Senior/Adult Registration Form

Name: _____

Address: _____

Town/City: _____

Postal Code: _____

My home is closest to the corners of (please list the main street names):

Phone Number: _____

Email: _____

Preferred method of contact (please check all that apply):

 Mail Email Phone

Please check all that apply.

This information will help us when looking for a suitable buddy in your neighbourhood.

I would like a buddy between the ages of:

12-17 years YES NO 18 years of age or older YES NO

I would like a buddy...

On a **volunteer** basis YES NO That I will **pay** YES NO*I understand that there is no guarantee that I will be matched with a buddy.* YES NO

I hereby acknowledge and agree that the County of Brant shall not be held responsible for any injury or loss and/or damage of personal property while I am a participant in the Snow Buddies Program. I understand that due to safety standards, Buddies are NOT permitted to use snow blowers.

Signature of participant seeking a buddy: _____

Date: _____

*Please mail, fax or email your completed form to Community Services:

Mail: 15 Curtis Ave, N. Paris, ON. N3L3W1

Fax: 519.442.2162, Attn: Snow Buddies

Email: recservices@brant.ca

Snow Buddies Program



Indemnity of County

By participating in the Snow Buddies Program, I hereby acknowledge and agree that I will at all times defend, indemnify and save harmless the County, its elected officials, officers, servants, agents, and contractors, from and against all loss, costs or damage which it or they may suffer or be put to and from and against all actions, suits, claims and demands whatsoever which may be made or brought against the County, or them, by reason of (either directly or indirectly) in connection with this program or in the provision of the County services, products and any other matter or thing provided for or pursuant to this Program.

Insurance Coverage

I also acknowledge and warrant that my home owner's insurance contains sufficient coverage for this Program. I understand that I am not covered under the County's insurance policy. I understand and acknowledge that I am fully responsible for insurance coverage and it is my sole responsibility to determine what additional coverage, if any, is necessary and advisable for my own protection. Any such additional insurance shall be obtained and maintained at my sole expense.

Full Name: _____

Signature: _____ **Date:** _____

***Please mail, fax or email your completed form to Community Services:**

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Snow Buddies Program - Paris, Neighbourhood Map

