FORM OF INDEMNIFICATION AGREEMENT AND RELEASE

I occupy the property located at	
(insert street address, including unit number of s Rodeo, California. In consideration of permission granted by the Rodeo San	-
to be considered as one Solid Waste subscriber with the occupant located at	
	, California.
(insert street address, including unit number of co-subscriber)	
I hereby agree to indemnify, release, and hold the Rodeo Sanitary District, its	s directors,
officers, agents, and employees (herein collectively referred to as "the Distric	et")
harmless, from any and all liability of any sort (including all claims, demand	s, damages,
actions or causes of action in law or in equity), arising from injuries, includir	ng death, or
property damages that I may suffer as a result of sharing Solid Waste collect	ion except to
the extent arising from the negligence or premises liability of the District.	
In Particular, I voluntarily assume the risk of injuries, including death, or	property
damages that I may suffer as a result of the shared Solid Waste subscription,	including
my access to and use of, the shared carts, containers, or bins, wherever locate	ed, except to
the extent arising from the negligence or premises liability of the District.	
It is my intention that this Indemnification Agreement and Release bind n	ny heirs,
executors, administrators, successors, or assigns, to the same extent that it bis	nds me.
Name (printed or typed)	
Signature	
Name (printed or typed)	
Tvaine (printed of typed)	
Signature	
Signature .	
Date	

RODEO SANITARY DISTRICT 800 SAN PABLO AVENUE RODEO, CA 94572