

**RELEASE AND WAIVER**

This Release and Wavier of Liability is given by \_\_\_\_\_ in favor of the City of Idaho Falls, Idaho, (the “City”) a municipal corporation of the State of Idaho, and its elected officials, agents, employees, and each of their successors and assigns.

In consideration of being permitted to remove personal property on the City’s Stockyards Property, I, \_\_\_\_\_ hereby acknowledge and agree as follows:

1. I recognize that there are inherent risks and hazards associated with being on the City’s Stockyards Property that may cause injury, property damage, death, or other loss to me.
2. I agree to exercise reasonable care while physically present on the Stockyards Property. Such reasonable care includes, but is not limited to, using proper safety equipment and clothing and other equipment during the personal property removal and business closing out operations.
3. I do hereby release and forever discharge and hold harmless the City and its elected officials, agents, employees, and each of their successors and assigns, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my use or my presence of the Property, including claims raised by another party.
4. I also agree to indemnify the City for any injury, demand, or claim of whatever kind or nature which may arise from another party who was injured as a result of my use of the Stockyards Property.
5. I understand and acknowledge that this Release and Waiver of Liability discharges the City and its elected officials, agents, or employees from any liability or claim that I may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my use or presence on the City’s Stockyard Property.
6. I also understand that the City does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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