RE: 2016-2017 Driveway Snow Removal Program

Dear Oakbrook Terrace Resident:

On behalf of the Mayor and City Council, we welcome your participation in the program for this year; please read the following guidelines:

- Only residents who cannot shovel snow due to a temporary or permanent disability, regardless of age, are eligible. The applying resident must provide a statement, from a medical professional verifying that the disability prevents you from shoveling snow. A copy of an example statement is included in the packet.
    - If a resident has a permanent disability that prevents him/her from shoveling snow for the foreseeable future, a yearly verification of disability is not required, but an application form does need to be completed on a yearly basis.
- If more than one person resides in the house, a doctor's note will be required for each individual stating that they are disabled and cannot shovel snow; if they are not disabled, the disabled resident is not eligible for the program.
- A seasonal charge of $50.00 is required prior to the start of the program and is non-refundable. This charge will cover any and all plowing for the winter season, no matter how many snowstorms occur.
- This program is for removal of snow on driveways only, not sidewalks.
- You must sign the waiver of liability and the participation sheet that are provided and return them along with the $50.00 fee to the City.

Participants should be aware that driveway clearing will only be performed after a snow fall of two inches (2") or more and that driveways will only be cleared after <u>all</u> streets and public facilities are cleared.

2016-2017

I want to participate in the City's Private Driveway Snow Plowing Program:

_____

Printed Name

_____

Address

_____

Day Time Phone

_____

Signature

_____

Date

City of Oakbrook Terrace
Snow Plowing

WAIVER OF LIABILITY

WHEREAS, the undersigned person occupies a residence and holds a property interest in certain property located at _____ in the City of Oakbrook Terrace, Illinois (the "Property")

WHEREAS, the Public Services Department of the City of Oakbrook Terrace (the "City") annually offers to perform snow plowing services to clear driveways, for an annual fee, at the residences of persons with a documented medical disability or handicapped status, as a benefit to the public (the "Program"); and

WHEREAS, the undersigned person has provided documentation of his/her disability and/or handicapped status to the City,

NOW, THEREFORE, in consideration of the City's performance of snow plowing services to clear the driveway on the Property, and in order to induce the City to perform such services, the undersigned agrees to indemnify, defend, hold harmless and release the City, its officers, agents and employees, from and against any and all loss, liability, personal injury, property damage, claims, costs and expenses, including attorneys' fees, which may be incurred directly or indirectly as a result of the Program and the snow plowing services provided by the City thereunder, and hereby covenants and agrees not to sue the City, any member of its Public Services Department, or any other City officers, agents or employees for any such injury, loss or damage which may be suffered by the undersigned by reason of any negligence of the City, any member of its Public Services Department or other officers, agents or employees of the City.

Nothing herein contained shall confer any rights on the undersigned or any third party or on the heirs or personal representatives of the undersigned.

The City reserves the right to manage, revise or terminate the Program at any time and for any reason that it deems sufficient.

This waiver shall be binding on and inure to the benefit of the heirs, executors, administrators, successors and assigns of the respective parties hereto.

_____	_____	_____
Signature	Printed Name	Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20___.

_____
Notary Public

City of Oakbrook Terrace

Driveway Snow Removal Program

Medical Disability Statement

DATE: _____ PATIENT NAME: _____

☐ I attest that this patient has a permanent disability that prevents him/her from shoveling snow.

☐ I attest that this patient has a temporary disability that prevents him/her from shoveling snow for this winter season. *

PHYSICIAN SIGNATURE: _____

PHYSICIAN NAME: _____
(Please Print)

Physician, please staple a prescription sheet from your office to this form.

**** Please note that if the second box is checked, a new medical disability statement will have to be completed next year for the resident to be considered eligible for next years snow plowing program.***