



VILLAGE OF BELLEDUNE

* P.O. Box 1006 * 2330 Main Street * Belledune, NB * E8G 2X9 * Tel.: (506) 522-3700
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**The Village of Belledune
Hereinafter referred to as THE VILLAGE
RELEASE OF LIABILITY
Private Residential Swimming Pools and Filling up with Water**

THE VILLAGE HEREBY AGREES TO STRICTLY have the Belledune Volunteer Fire Department as a representative of THE VILLAGE to complete the following: to fill the above-ground/in-ground pool with water, hereinafter is referred to as the WORK.

The Resident hereby agrees that they:

- RELEASE, WAIVE AND FOREVER discharge and hold harmless THE VILLAGE and its representative -from all claims, demands, costs, expenses, in respect of death, injury, loss or damage to anyone or their property resulting from the WORK.
- FULLY ACCEPT AND AGREE that the WORK that is being completed is on an accommodation basis only.
- FULLY HOLD HARMLESS THE VILLAGE and its representative in respect of death, injury, loss or damage to anyone or their property.
- FULLY UNDERSTANDS AND ACCEPTS that THE VILLAGE and its representative do not attest to the quality of the water and cannot be held in any way responsible for the water at any time and that it is the Resident's sole responsibility to ensure that the water is treated for its intended use.

The Resident further acknowledges the following: **Please check each box with and X**

- I have read and understand this release. I understand that this release includes a promise not to sue THE VILLAGE or it representative and is considered to be a release for all claims.
- I have met all building and zoning requirements related to fences around pools.
- I hereby grant permission to building inspectors, (municipal representatives) to come and enter to inspect premises, even in my absence.

BY SIGNING this agreement, I acknowledge having read, understood and agreed to the above waiver and release and, as the owner, I am authorized to sign the agreement.

Property ID (Civic # Address and Property PID# (Tax bill))

Signature of Owner

Staff Signature & Title

Please Print Name

Please Print Name

Telephone #: _____
(home & cell)

Date

Date

This section reserved for Administration (Applicant / Owner DO NOT Complete)

Confirmation that the fence is in compliance with the zoning requirements.

Notes: _____

CRSC – Planning Department Representative
Signature

Please Print Name

Date