

Waiver & Release of Liability

Massachusetts Title 5 Soil Evaluator Certification

2019

In consideration of my participation in the Title 5 Soil Evaluator (SE) Certification Class, SE field refresher class, and/or SE makeup/re-take field exam, I agree as follows:

- I fully understand and acknowledge that my participation in this class may pose some risks, dangers, and hazards to myself, including, but not limited to the following: open pits, large equipment such as backhoes, active excavation, manmade or natural obstacles, and uncontrollable weather conditions.
- I fully understand and acknowledge that I am responsible for my own safety and agree to abide by basic safety rules and instructions given by the instructors.
- I agree to wear appropriate clothing and foot attire.

Accordingly, in consideration of my participation in the Massachusetts Title 5 SE Certification Class, SE refresher class, and/or SE makeup exam, conducted by or on behalf of NEIWPC, I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily assume all risks, dangers, and hazards associated with participating in this class, and I hereby voluntarily agree to waive, release, discharge, hold harmless, defend, and indemnify NEIWPC, MassDEP, UMass-Amherst, Paul Spina, Bruce Bouck, Leslie (Mickey) Spokas, Steve Mabee, Joseph Cerutti, Paul Blain, any public or private landowners of properties where test pits will be dug, and any and all of their employees, agents, insurers, and successors from any and all causes of actions, claims, demands, losses, injuries, and damages of any kind which may be sustained by me in connection with the Massachusetts Title 5 SE Certification Class, SE refresher class, and/or SE makeup exam. In signing below, I acknowledge understanding of the content herein; that my responses are true; and agree to the terms herein.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This Waiver is valid for one year from date of signature.

Signature _____ Date _____

Full Name (Printed) _____

Please mail, fax or email our completed form to NEIWPC prior to the first day of class. Failure to complete this form will result in the inability to register/attend the class.

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