

Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Haying Location(s):

Please identify the legal land location adjacent to the area(s) you are requesting permission to hay

Legal Land Location: _____ Legal Land Location: _____

By submitting this request, I understand that I must comply with the guidelines and procedures established by Lacombe County Policy AG(16): Roadside Haying as identified below:

1. The harvested hay is for my personal use.
2. The annual deadline for submitting haying applications is May 15th.
3. Hay is to be cut, baled, and removed from the road allowance by July 15th.
4. Bales are to be removed from road allowances within 72 hours or by July 15th, whichever occurs first. Failure to remove bales within 72 hours will result in the removal of the bales by Lacombe County. Costs associated with the removal of the bales will be charged to the producer.
5. Bales must not be located on the foreslope of the roadside ditch or within drainage courses.

Initial: _____

Indemnification Agreement:

I _____ hereby,

1. Waive any and all claims, rights, or causes of action of every nature and kind at law or equity or under any statute that it has or may have in the future against Lacombe County or its councillors, officers, employees, and agents; and
2. Forever release the County or its councillors, officers, employees, and agents from any and all liability; related to injury, death, property damage, property loss, or any other loss or expense that may be suffered by myself or, to the extent legally possible; its employees, agents, next of kin, or legal representatives, resulting directly or indirectly from, or in any way attributable to the work as provided by this agreement.
3. Shall be liable for, and does indemnify and save harmless Lacombe County, its councillors, officers, employees and agents from any claim, damages, liability, cost, fee, penalty, action, cause of action, demand, damage to property, injury to person or death (including, without limitation to, legal fees of the County on a solicitor and his own client full indemnity basis), whether in contract or in tort, suffered or incurred by the County, its councillors, officers, servants, employees or agents or by any other person, firm, partnership, corporation or entity resulting directly or indirectly from, attributable to, by reason of, arising out of, or in any way related to the transportation, operation, maintenance, repair, use, misuse, or non-use of the work done by myself or any other person, whether or not I have permitted the person to perform the work or from any breach of this Agreement or any other negligent act or omission or willful misconduct of myself or any of its directors, officers, servants, agents, contractors, or employees.
4. Acknowledge and agree to provide evidence of general liability insurance coverage of not less than \$2 million per incident. Such insurance coverage shall be maintained for the entire period that work is carried out in the Lacombe County road allowance.

Applicant Signature

Lacombe County Signature

Applicant Name

Lacombe County Name

Date Signed: _____

The personal information collected through the Roadside Haying Agreement is for the purposes of performing the work identified in this agreement. This collection is authorized by section 4 of the Protection of Privacy Act subsection (c) that information related directly to and is necessary for an operating program or activity of Lacombe County, including a common or integrated program or service. For questions about the collection of personal information, contact Lacombe County's Privacy Coordinator at: 403-782-6601.