



**Road Division**

**Office:** (541) 766-6821

**Fax:** (541) 766-6891

360 SW Avery Avenue.  
Corvallis, OR 97330

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## Liability Release Vegetation Control Permit

Release for participation in vegetation control activities between \_\_\_\_\_  
(APPLICANT NAME)

and Benton County Public Works described in Permit No. \_\_\_\_\_ issued for  
(PERMIT NO.)

\_\_\_\_\_ Road, at or near mile point \_\_\_\_\_.  
(ROAD NAME) MILE POINT)

I am aware of the potential danger involved in my participation in vegetation control activities along County Roads. Further, I understand that I will be responsible and liable for damage or injury to any persons or property resulting from my actions during the permitted work.

I indemnify, hold harmless and release Benton County, Oregon, and its employees, agents and representatives, against any and all damages, claims, demands, actions, causes of action, costs, and expenses of whatsoever nature as a result of my actions during this activity and will notify the Public Works Department in the event a third party is injured as a result of this activity.

I the undersigned, acknowledge that I have read and understand the above release.

NAME (PRINTED)	SIGNATURE  X	DATE
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**If participant is under age 18, a parent or guardian must sign this form.**

As the parent or legal guardian of the above listed minor, I hereby grant permission for my child to participate in the Benton County Vegetation Control permit described above. My signature below represents that I have read, understand, and consent to the terms and conditions of this document.

PARENT /GUARDIAN NAME (PRINTED)		
RELATIONSHIP TO PARTICIPANT	PARENT /GUARDIAN SIGNATURE  X	DATE

*At your service,  
every day.*