

Adams County Soil Conservation District

PO Box 872, 609 2nd Ave N

Hettinger, ND 58639

Office: (701) 567-2462, Ext. 3 SCD Cell: (701) 928-1544

Agricultural Services Agreement

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Description of agricultural services: _____

WAIVER, RELEASE, AND INDEMNIFICATION

Read this form carefully and be aware that you will be waiving and releasing all claims for injury, damage, or unforeseen agricultural production results you may sustain from the agricultural services provided by the Adams County Soil Conservation District.

I am fully aware of and understand the dangers inherent in the agricultural services that are being provided and that they may cause property damage, physical injury, or death to myself or others or may not provide the expected agricultural production results.

On behalf of myself and my insurers, executors, administrators, heirs, successors, and assigns, I hereby:

1. Agree to assume the full risk of any injuries, death, damages or other loss regardless of severity which I may sustain as a result of agricultural services provided by Adams County Soil Conservation District.
2. Waive, release, and discharge Adams County SCD, its agencies, officers, employees, and volunteers from any and all liability for death, disability, personal injury, loss or damage to property, or actions of any kind, including unforeseen agricultural production results of any nature which may hereafter accrue as a result of agricultural services provided by Adams County SCD.
3. Indemnify, save, and hold harmless Adams County SCD, its agencies, officers, employees, and volunteers from any and all claims of any nature, including costs, expenses, and attorneys' fees which may in any manner result from or arise out of Adams County SCD's agricultural services.

This waiver, release, and indemnification shall be construed broadly to provide a waiver, release, and indemnity to the maximum extent permissible under applicable law.

Any modification of this waiver must have written approval by Adams County SCD prior to provision of agricultural services.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT SPECIFYING MY WAIVER, RELEASE, AND INDEMNIFICATION OF ALL CLAIMS.

Name (Please Print): _____

Signature: _____

Date: _____