



## City of Milwaukee Department of Public Works RELEASE OF LIABILITY – Form 2

**Note: Each purchaser and all drivers/helpers must sign.  
Additional blank forms will be available at pickup location for any additional parties to sign.**

### CITY OF MILWAUKEE DEPARTMENT OF PUBLIC WORKS SALVAGED PAVER BRICKS PROGRAM

I understand that I am allowed access onto the City of Milwaukee Public Works Field Headquarters located at 3850 North 35<sup>th</sup> Street to participate in salvaging paver blocks/stones with full knowledge of the risks and inherent danger involved in participating in this activity.

I understand that I will be allowed access only for this salvage operation and will be only allowed access to the brick/stone storage area. I also understand that this activity will involve lifting, carrying, stacking and transportation of paving blocks which may weigh up to 35 pounds each.

I understand that the City of Milwaukee and the Department of Public Works are requiring me to waive any and all liability for any injury or damage that may occur to me or my property while participating in any way in the paver blocks/stones salvage program, including any injury occurring at during this work in exchange for and in consideration of the privilege of participating in the program.

**I fully understand the dangers and risks inherent in this program, and it is my intention to release and hold harmless the City of Milwaukee and the Department of Public Works from any liability whatsoever associated with this program including any injury or damage to my person or my property that occurs while I am participating, in any way, in this salvage paver block/stone program.**

I further understand that I am receiving the paver blocks “as-is” and that the City of Milwaukee does not warrant the condition of the paver blocks for any use.

**I also agree that this release forecloses and invalidates any potential claims brought by any member of my family, heirs, executor, administrator or any other personal representative that may make any claim on my behalf.**

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Name of purchaser (please print)

Signature

Date

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Name of additional driver or helper (please print)

Signature

Date

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Name of additional driver or helper (please print)

Signature

Date

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Name of additional driver or helper (please print)

Signature

Date