



City of Pittsburgh – City Cuts Program

Application for Assistance 2020

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Neighborhood: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

In order to receive City Cuts service you must meet all of the following criteria:

- Aged 62 or older, have a physical disability, or be a military veteran
- Do not have available resources (financial resources or local family/friends) to assist with grass cutting.
- Live within Pittsburgh City limits.
- The property to which service is provided must be owner-occupied

Applicant’s Signature:

*By signing below, I/we are requesting the grass cutting services of the City of Pittsburgh City Cuts program. I/we certify that: I/we are at least 62 years old, a military veteran, or have a physical disability that prevents me/us from cutting grass, I/we do not have available resources to assist with my/our grass cutting, and that I/we live within the City of Pittsburgh. I/we are aware that City Cuts recipients are matched with services on an **availability** basis, and therefore, I/we are not guaranteed to be matched with services. I/we understand this is NOT a landscaping service. Services such as mulching or bagging are not paid for by this program due to funding constraints. I/we understand that service is expected twice a month, but that specific scheduling of service is not possible, as service must be provided in accordance with the schedule of the contractor. I/we also understand that service is not provided for side yards, that the service provided is contingent upon accessibility of property (which may be affected by gates, fences, pets, etc.), and that service may be affected by the presence of debris or other impediments that would cause hindrance in yard care (pet feces, etc.).*

(Signature)

(Date)

(Signature)

(Date)

City of Pittsburgh City Cuts Program

Service Recipient Release, Waiver of Liability and Indemnification Agreement

In consideration of my/our being permitted to participate in the City of Pittsburgh City Cuts Program (the "Program") , I/we _____, on behalf of myself/ourselves and any of my /our personal representatives, heirs, and next of kin hereby **COVENANT NOT TO SUE** and to **HOLD HARMLESS, RELEASE, AND INDEMNIFY** the City of Pittsburgh, its officers, agents, or employees (hereinafter referred to as the "Releases") from any and all liability, claims, demands, actions and causes of action whatsoever, brought by any party against any party, arising out of my/our participation in the Program and whether caused by the negligence of the Releases or otherwise. **This RELEASE, WAIVER OF LIABILITY and INDEMNIFICATION AGREEMENT shall remain valid in perpetuity and shall include all possible claims of negligence or other causes of action that could be asserted against the Releases by me/us.**

I/we warrant and represent that I/we are the owner(s) of the property described above and hereby authorize the work to be performed at my/our property during the 2020 season, having full authority to do so. I/we acknowledge that as owner(s) of the property I/we remain responsible for compliance with all State law and City ordinances including maintenance of the property's yard, sidewalks, structure exterior and interior, and that I/we are not relieved from said obligation by my/our participation in this Program. I/we further understand that by offering this Program, the City of Pittsburgh is solely seeking to assist me with grass cutting within the constraints of the Program.

I/we recognize that participation in the Program shall not include any interactions or communications between Program Workers and recipient owner(s) of private property except to the extent necessary to perform requested grass cutting. I/we further recognize that no entry by workers inside my/our residence(s) is permitted and that workers will only enter upon the premises of my/our properties for the purpose of performing requested grass cutting. I/we further understand that the undertaking of this activity may result in personal injury and/or damage to my/our property and agree that the City will not be responsible for any such personal injuries and/or property repairs resulting from my/our participation in this Program.

The UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

City of Pittsburgh
City Cuts Program
Service Recipient Release, Waiver of Liability and Indemnification
SERVICE RECIPIENT:
Agreement

SERVICE RECIPIENT:

Signature, Date

Please print information:

Name:

Address:

Phone:

SERVICE RECIPIENT:

Signature, Date

Please print information:

Name:

Address:

Phone:

Return completed application form to:

City Cuts Program, Office of Community Affairs

414 Grant Street, Suite 512

Pittsburgh, PA 15219

or

Email commaff@pittsburghpa.gov or Fax to 412-255-2687.

Residents are encouraged to register by visiting pittsburghpa.gov/citycuts or by calling 311 to secure their spot in a timely matter

Questions regarding City Cuts, contact the Office of Community Affairs 412-255-0846