Irrigation/Lighting Disclosure Form

I, _____ being the property owner at:

(Full Name of Property Owner)

_____

(Address of Property, including Municipality and Postal Code)

confirm that I have disclosed the location of all underground irrigation, lighting and/or other lines installed by me (or previous property owners) in my yard to the LEAF representative during my consultation. I confirm that the locations of these lines have been indicated correctly on the paperwork completed at my consultation. I understand that LEAF must obtain this information from me prior to proceeding with any planting as it is not possible for LEAF to acquire information regarding the locations of such lines from any other source (e.g., utility clearance companies). If I am unable to disclose the locations of all underground irrigation, lighting and/or other lines installed by me (or previous property owners) in my yard, I give LEAF permission to proceed with planting.

I recognize that there is a risk that LEAF may cause damage to any underground irrigation, lighting and/or other lines installed by me (or previous property owners) while working in my yard. I understand and accept that LEAF is not responsible for any damage to underground irrigation, lighting or other lines installed by me (or previous property owners) in my yard that may occur as a result of the tree/shrub planting, and therefore will not be held responsible for the damages or cost of any repairs or replacements that may be required should damage to these lines occur at the time of planting.

I undertake and agree to fully indemnify LEAF, to the fullest extent permitted by law, against all costs, charges and expenses including, without limitation, an amount paid to settle an action or satisfy a judgment, reasonably incurred by LEAF in respect of any civil, criminal, administrative, investigative or other proceeding in which LEAF is involved only due to its role pursuant to this Irrigation/Lighting Disclosure Form.

_____   _____

(Signature of Property Owner)   (Date)