

Neighbor to Neighbor Initiative

Project Assistance Request

I, _____, owning and residing in _____ 46th Sq. Vero Beach, FL, hereby submit a request for assistance pertaining to my property located in the Heron Crest community.

I understand that submitting this request does not guarantee that I will receive such assistance. It is to the discretion of committee members as to whether or not assistance is granted and I understand that applicants who are challenged with physical and health limitations will have priority of services rendered.

I understand that the volunteers of the “Neighbor to Neighbor” committee are not professional maintenance workers, installers, landscapers or other home maintenance contractors and are offering their time strictly on a volunteer basis. I understand and acknowledge that the committee is not organized by Heron Crest Community Association, Inc. (the “Association”), and the Association is not affiliated or associated with the committee. The committee is independent of the Association.

I understand that the volunteers of the committee do not hold any liability insurance for the assistance they are to provide.

It is under my sole discretion to submit an application for assistance to the committee and I release the committee members and associates of any liability associated with, but not limited to, damage to any of my property. I also release the Association, its directors, officers, employees, and agents, from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with the services provided to me. I agree to indemnify and to hold harmless the Association, its directors, officers, employees, and agents, from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of the services provided to me.

As such, committee volunteers release me, my family, associates and heirs to any damage occurred to them while on my property whether those damages are in the form of physical injury or damaged property.

By signing this application, I hereby acknowledge that I have read and reviewed the terms and conditions set forth.

Homeowner

Date

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Homeowner:

Phone:

Address:

Please provide a brief summary as to what you will need assistance with. Also list any physical or health limitations that you would like the committee to take into consideration.

Please allow one week for committee members to review and process your application.

You will be notified via telephone with the committee's decision.

Homeowner signature _____

Date _____

Received by _____

Date _____

Reviewed by _____

Date _____

Approved: Yes No

Project start date: _____