WEST BASIN MUNICIPAL WATER DISTRICT
WATER BOTTLE FILLING STATION FUNDING PROGRAM
LIABILITY WAIVER AGREEMENT

West Basin Municipal Water District ("West Basin") has developed a Water Bottle Filling Station Pilot Program ("Program") to provide members of the community with access to safe and reliable tap water to refill personal, reusable bottles. Starting in fiscal year 2022-2023, West Basin will award grants – up to $1,000 per application for indoor, wall-mounted units and up to $2,000 per application for outdoor, pedestal-style units – for the purchase of a water bottle filling station within our service area.

West Basin agrees to provide a sponsorship in the amount of – up to $1,000 for indoor wall-mounted units and $2,000 for outdoor pedestal-style units – to:

_________________________________________ (“Entity”).

The purpose of this sponsorship is for Entity to purchase a water bottle filling station under the terms and conditions of the Program.

West Basin’s only involvement in Entity’s activities in connection with the Program is to provide sponsorship funds. Subject to availability of funds, West Basin’s only obligation to any Entity participating in the Program is to provide the sponsorship amount for the purpose stated. West Basin is not responsible for any liability to any participants in the Program regardless of any liability incurred in connection with the Entity’s participation in the Program.

Entity assumes all risk of loss resulting from liability, damage, or injury to any property or person arising from the Program, including all risk of injury to its employees, agents, contractors, students, volunteers, and project participants. Pursuant to this Waiver of Liability, Entity shall defend, indemnify, and hold harmless West Basin, its Board of Directors, officers, employees, and agents from and against all claims, suits, or causes of action for injury to any person or damage to any property arising out of any intentional or negligent acts or errors or omissions arising out of Entity’s participation in the Program.

ACCEPTED: (Entity) ____________________________________________

Signature: ___________________________ Printed Name: ___________________________

Date: ___________________________ Federal ID No. ___________________________