



Seabird Island Band

Participant Application

Name: _____

Address: _____

Phone #: _____

Email: _____

Make & Model #'s

<u>Appliance</u>	<u>Make</u>	<u>Model #</u>	<u>Age of Appliance</u>
Furnace			
Hot Water Tank			
Gas Fireplace			
Hot Water on Demand			
Boiler			

Completed applications can be emailed to

Housing@seabirdisland.ca

or

dropped off at the Band Office by:

August 31st, 2021

**Titan Sheetmetal will be calling you directly to schedule your appointment

Consent and Acknowledgement

I acknowledge and agree as follows:

I am voluntarily participating in the Program as a "Participant" and I am authorized to sign this consent and acknowledgement;

The Participant is desirous to receive inspection and servicing of their natural gas powered appliances, in their home (the "Services"), by a licensed contractor hired by the Band (the "Contractor");

The Program is funded by **Seabird Island First Nation** (the "Band") and **FortisBC Energy Inc.** ("FEI") and I acknowledge that all the administration of the Program and decisions are made by the Band;

RELEASE AND INDEMNITY. I have reviewed, understand and agree to the terms of the Program and, I, as the Participant, do hereby indemnify and save harmless FEI, FortisBC Inc. and their affiliates (together, "FortisBC"), and their respective directors, officers, agents, contractors and employees, from all liability, damages, claims, demands, expenses and costs for claims, costs for injury or death of any person (including from any infectious disease outbreaks), damage to or destruction of property, and all economic loss suffered by any person (collectively, "Losses") arising from or occurring by reason of the Participant's participation in the Program, the Services and/or the implementation of any of the Program recommendations, including the installation and/or use of recommended products and improvements. The Participant irrevocably waive any and all claims against, and irrevocably releases and agrees not to sue, FortisBC, and any of their respective officers, directors, employees, agents, contractors or representatives for and against all Losses arising from the Participant's participation in the Program, the Services and/or the implementation of any Program recommendations including the installation and/or use of recommended products and improvements. This section will survive termination of the Program.

Date: _____

Signature: _____

Office Use Only

Appointment Date & Time: _____

Reminder Call Date: _____