

## Owner Consent Form

I, \_\_\_\_\_ (name) am the owner of the real property located at \_\_\_\_\_, El Dorado County, CA.  
Assessor's Parcel Number \_\_\_\_\_ (can be found on tax bill)  
\_\_\_\_\_ (name of tenant), is my tenant on that property. I hereby consent to and agree to the chipping of stacked brush piles pursuant to the application attached hereto. In consideration of aid work being performed on my real property, I further agree to the terms of the hold harmless provisions of the application as more particularly set forth below.

**This Chipping Program service is free to the landowner and the tenant.**

Hold Harmless: I understand that the EDCFSC is helping me to clear around my primary residence to assist in compliance with Public Resources Code 4291 and/or El Dorado County Ordinance No. 5186. I, the landowner(s) shall not hold the EDCFSC or the contracted service providers responsible for any damage to property or injury to persons that may arise out of the work performed or that may result from a wildland or other fire. In consideration of the services provided by the EDCFSC, I shall defend and hold EDCFSC and their designated contractor(s), their officers, boards and commissions, and members thereof, and their employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of damage to property, or any economic or consequential losses which are claimed to, or in any way arise out of, or connected with EDCFSC's or their designated contractor's service, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of EDCFSC or employees of any of these or their designated contractors, except as expressly prohibited by statute. I authorize members of EDCFSC, their contractors and agents right of entry onto the property identified in this document. I understand that my property could be subject to a site visit by the Grant funding agencies at a later date to inspect services completed by the Contractors. I understand that EDCFSC reserves the right to deny service at their sole discretion.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date