

**Mt. Oliver Cuts Program**  
**Application for Assistance**

Applicant Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Property Needing Service: \_\_\_\_\_

Neighborhood: \_\_\_\_\_

Name of Owner(s) of Property Needing Service: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In order to be eligible to receive the Mt. Oliver Borough Cuts Service, you must meet all of the following criteria:**

- \*Aged 62 or older, have a physical disability, or be a military veteran;
- \*Do not have available resources (financial resources or local family/friends) to assist with grass cutting;
- \*Live within the Borough limits.
- \*The Property to which service is provided must be owner-occupied.

**An eligible applicant is NOT guaranteed to receive the Mt. Oliver Borough Cuts Service. The receipt of Service will be based upon an applicant's eligibility and the availability of Borough resources, the accessibility of the property, and the presence of debris or impediments on the property that would cause hindrance in yard care.**

**Applicant's Signature:**

*By signing below, I/we are requesting the grass cutting services of the Borough of Mt. Oliver Cuts Program. I/we certify that: I/we are at least 62 years old, a military veteran, or have a physical disability that prevents me/us from cutting grass. I/we do not have available resources to assist with my/our grass cutting, and that I/we own and live at the property identified above. I/we are aware that Borough of Mt. Oliver Cuts Program recipients are matched with services on an **availability** basis, and therefore, I/we are not guaranteed to be matched with services. I/we understand this is NOT a landscaping service. Services such as mulching or bagging are not paid for by this program due to funding constraints. I/we understand that service is expected twice a month, but that specific scheduling of service is not possible, as service must be provided in accordance with the schedule of the contractor. I/we also understand that service is not provided for side yards, that the service provided is contingent upon accessibility of property (which may be affected by gates, fences, pets, etc.), and that services may be affected by the presence of debris or other impediments that would cause hindrance in yard care (pet feces, etc.).*

***I/We, the undersigned, hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, the above statements are true and correct based upon my/our personal knowledge, information and belief.***

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Mt. Oliver Cuts Program

## **Service Recipient Release, Waiver of Liability and Indemnification Agreement**

In consideration of my/our being permitted to participate in Mt. Oliver Borough's Cuts Program (the "Program"), I/we \_\_\_\_\_, on behalf of myself/ourselves and any of /our personal representatives, heirs, and next of kin, hereby **COVENANT NOT TO SUE** and to **HOLD HARMLESS, WAIVE, RELEASE, DISCHARGE AND INDEMNIFY** the Borough of Mt. Oliver, its officers, agents, or employees (hereinafter referred to as the "Releases") from any and all liability, claims, demands, actions and causes of action whatsoever, brought by any party against any party, arising out of my/our participation in the Program and whether caused by the negligence of the Releases or otherwise. **This RELEASE, WAIVER OF LIABILITY and INDEMNIFICATION AGREEMENT shall remain valid in perpetuity and shall include all possible claims of negligence or other causes of action that could be asserted against the Releases by me/us.**

I/we warrant and represent that I/we are the owner(s) of the property described above and hereby authorize the work to be performed at my/our property during the 2022 season, having full authority to do so. I/we acknowledge that as owner(s) of the property I/we remain responsible for compliance with all State Laws and Borough Ordinances including maintenance of the property's yard, sidewalks, structure exterior and interior, and that I/we are not relieved from said obligation by my/our participation in this Program. I/we further understand that by offering this Program, the Borough of Mt. Oliver is solely seeking to assist me with grass cutting within the constraints of the Program.

I/we recognize that participation in the Program shall not include any interactions or communications between Program Workers and recipient owner(s) of private property except to the extent necessary to perform requested grass cutting. I/we further recognize that no entry by workers inside my/our residence(s) is permitted and that workers will only enter upon the premises of my/our properties for the purpose of performing requested grass cutting. I/we further understand that the undertaking of this activity may result in personal injury and/or damage to my/our property and agree that the Borough will not be responsible for any such personal injuries and/or property repairs resulting from my/our participation in this Program.

The UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement has been made.

*(Signature Page to Follow)*

Borough of Mt. Oliver  
Borough of Mt. Oliver Cuts Program  
Service Recipient Release, Waiver of Liability and Indemnification Agreement

**SERVICE RECIPIENT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please print information:*

Name:

Address:

Phone:

**SERVICE RECIPIENT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please print information:*

Name:

Address:

Phone:

**Return completed application form to:**

Borough of Mt. Oliver Cuts Program  
Borough of Mt. Oliver  
150 Brownsville Road  
Mt. Oliver, PA 15210

or

Email [rick.hopkinson@mtoliver.com](mailto:rick.hopkinson@mtoliver.com) or Fax to 412-431-0184  
Residents are encouraged to register by visiting [rick.hopkinson@mtoliver.com](http://rick.hopkinson@mtoliver.com) or by calling  
412-431-8107 (ext. 106) to secure their spot in a timely manner