



# Virginia Conservation Assistance Program

Presented by Virginia Association of Soil & Water Conservation Districts

Contract Number \_\_\_\_\_

## Release Agreement for Eligible Practices VCAP Form 5

### PLEASE READ CAREFULLY BEFORE SIGNING

I, \_\_\_\_\_ (*the Participant*), wish to forego a licensed professional design as required by the Virginia Conservation Assistance Program Manual for the proposed \_\_\_\_\_ (BMP Description), located at \_\_\_\_\_ (Address), funded by the \_\_\_\_\_ Soil and Water Conservation District (the District).

I agree to the following:

- I verify that the design plan submitted is in accordance with the technical criteria in the applicable program standard and specifications.
- I will ensure that the Practice will be built to the design plan which was submitted and in accordance with any manufacturing instructions.
- I hereby release from all liability and hold harmless the District, any of its employees representing or related to the District, any VCAP personnel, and any volunteers or other representatives, for any personal injuries, including death, property loss, or damage in connection with any activity related to the Engineered Practice located at the location stated above.
- I hereby acknowledge that it is my responsibility to abide by any and all local code requirements, state regulations, safety regulations, and manufacturer requirements.

This contract shall be governed by the Commonwealth of Virginia in the City/County of \_\_\_\_\_ and any applicable Federal law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Representative

\_\_\_\_\_  
Date