

Contract Name: Release & waiver of liability & Indemnity Agreement

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health
Dept. Contact: Dan Buffalo
Phone #: 621-6226
Department Head Date: October 17, 2007
Signature: Dayle E. Smith

CONTRACTOR:

Name: Noah's Wish
Address: P.O. BOX 4288
EDH, CA 95762
Phone: (936) 939-5004

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes No X
Compliance verified by: N/A, ~~according to contract~~

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 10/19/07 By: D. Linder
Approved: Disapproved: Date: By:

2007 OCT 19 PM 4:05
EL DORADO COUNTY COUNSEL
Hand Received

ASSIGNMENT
10/19/2007
ATTORNEY DAVE L
DATE 409110
BY [Signature]

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 10/19/07 By: [Signature]
Approved: Disapproved: Date: By:

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.)

DEPARTMENT:

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By: