Signature of District Representative



Contract Number

Release Agreement for Eligible Practices VCAP Form 5

PLEASE READ CAREFULLY BEFORE SIGNING

l <u>,</u>	(the Participant), wish to forego a licensed professional design as
required by the Virginia Conservation Assistance P	rogram Manual for the proposed
	(BMP Description), located at
	(Address), funded by the
Soil and Water C	Conservation District (the District).
I agree to the following:	
 I verify that the design plan submitted is in standard and specifications. 	n accordance with the technical criteria in the applicable program
 I will ensure that the Practice will be built t manufacturing instructions. 	to the design plan which was submitted and in accordance with any
the District, any VCAP personnel, and any v	harmless the District, any of its employees representing or related to volunteers or other representatives, for any personal injuries, including ction with any activity related to the Engineered Practice located at the
 I hereby acknowledge that it is my response regulations, safety regulations, and manufactures. 	sibility to abide by any and all local code requirements, state facturer requirements.
This contract shall be governed by the Commonwea applicable Federal law.	alth of Virginia in the City/County ofand any
Signature of Participant	Date

Date