

The Castro Community Benefit District provides a free graffiti removal program to private and public property within the district boundaries. Graffiti is only removed on the 1st floor (9 ft. high) Please complete this form allowing Castro Community Benefit District (Castro CBD) and/or the Castro CBD's contractor to remove graffiti on your property.

I certify that I am the owner or owner's authorized agent of the property described below:

Address of Property

I hereby authorize Castro CBD and /or the Castro CBD's contractor, to enter upon my property described above for the purpose of performing graffiti removal using the method specified below (initial appropriate line): Paint over graffiti with paint furnished by the owner

Pressure wash graffiti

Other (specify)_____

The Castro/Upper Market Community Benefit District and its agents will use a graffiti removal process that is environmentally friendly. No sandblasting or harsh chemicals will be used in the graffiti removal process. The Castro CBD and its agents will not damage a structure's surface when removing graffiti.

I understand Castro CBD and/or the Castro CBD's contractor will not be liable for any property damage or injuries resulting from Castro CBD and/or the Castro CBD's contractor entry upon and use of the property. I agree to completely release and hold CASTRO CBD and its officers, directors, employees, agents, affiliates, contractors, volunteers, managers, sponsors, funders, venues, attendees, public officials, successors, and assigns harmless from any and all demands, damages, losses, liabilities, causes of action, lawsuits, attorneys' fees, and/or claims of every kind or nature, whether known or unknown, in law or equity, including employment claims and acts or omissions by third parties such as medical providers, arising from the Client's engagement with the CASTRO CBD. This release does not apply to acts of gross negligence or intentional, willful, or wanton misconduct on the part of the CASTRO CBD.

PRINT NAME:

Circle One: Owner Agent

Signature:

Date: _____ Daytime Telephone:_____

Email Address: (please print clearly)

This form is to be completed by the property owner or authorized agent and returned via email: <u>execdirector@castrocbd.org</u>; mail: Castro CBD, 584 Castro St. #721 San Francisco CA 94114, For further information, please call (415) 500-1181.

Castro Community Benefit District 584 Castro St. #721 S.F., CA 94114 <u>www.castrocbd.org</u> 415-500-1181