



To Protect and Promote the Health and the Environment of the People of Kittitas County

## ATHORIZATION, WAIVER, AND INDEMNIFICATION

### **This is a waiver between Valley Labs and Kittitas County Public Health Department**

1. **Authorization.** The Lab hereby authorizes the KCPHD to collect and store water samples, as well as payment from Lab's customers.
2. **Waiver of KCPHD's Liability.** The Lab expressly waives forever any and all claims against the KCPHD for its collection and storage of water samples. Such claims may include, but are not limited to, negligence, gross negligence, intentional misconduct, and loss resulting from same..
3. **Indemnification of KCPHD's Liability.** Lab shall indemnify defend and hold Kittitas County, its departments, elected and appointed officials, employees, and agents, harmless from and against any and all claims, damages, losses and expenses, including reasonable attorney's fees, for any bodily injury, sickness, disease, or death, or any damage to or destruction of property including the loss of use resulting therefrom which are alleged or proven to be caused in whole or in part by a negligent act or omission of either parties elected and appointed officials, employees, and agents arising from either the testing of water samples that have been collected and stored at KCPHD or from that storage and relaying of those samples to Lab.; and
4. **Other.** The Lab expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. The Lab agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. The Lab has had the opportunity to have this Release reviewed by an attorney and has fully read and does understand the terms and provisions of this Release. Lab further agrees that in any dispute between Lab and KCPHD, venue shall be proper only in Kittitas County.

Signature Catherine Bambrick  
Catherine Bambrick, Administrator  
Kittitas County Public Health Department

Date 3/3/10

Signature Vera Cudde  
Valley Environmental Laboratory Signature

Date 3/8/10



Kittitas County  
Review Form  
Grants & Contract Agreement



Today's Date 12/30/2009	Agenda Date
Fund/Department 116- Public Health Department	

**Contract/Grant Information**

Contract /Grant Agency: Authorization, Waiver, and Indemnification between Kittitas County Public Health and Valley Labs	
Period Begin Date: Upon Signature	Period End Date: Service Termination
Total Grant/Contract Amount: None	
Grant/Contract Number:	
Contract/Grant Summary: The Authorization, Waiver, and Indemnification between Valley Labs and Kittitas County Public Health Department to allow the Kittitas County Public Health Department to collect and store water samples, as well as payment from Valley Lab's customers.	

**Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_**

Department Head Signature: <u>Catherine Bamsick</u> Administrator	Date: <u>1/26/10</u>
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**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

<u>BW</u>	<u>1/27/10</u>
Signature of Prosecutor's Office	Date
<u>Jeanie Wilson</u>	<u>2/2/10</u>
Signature of Auditor's Office	Date
<u>J. J. W.</u>	<u>2/17/10</u>
Signature of Board of Health member	Date

**Financial Information**

Total Amount \$	State Funds \$	Federal Funds \$
Percentage County Funds N/A	Matching Funds \$N/A	CFDA N/A

	In-Kind \$ Explain
Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

### Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

### Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

### Submitted

Signature:	Date:
Department:	

### Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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