



**NEW MEXICO ENVIRONMENT DEPARTMENT  
INDEMNIFICATION/RELEASE OF LIABILITY  
FOR VARIANCE FROM  
THE PUBLIC AQUATIC VENUES REGULATIONS**

“Any person who has been granted a variance shall sign a department approved indemnification and release of liability statement form. (7.18.1.23.E NMAC)

1. Indemnity/Release of Liability: I agree to indemnify and release to New Mexico Environment Department and its “public employees” as defined in the Tort Claims Act from any and all liability, claims damages and causes of action arising out of the granting of a variance from the public swimming pool rules’ requirements. Such indemnification includes defending and holding New Mexico Environment Department and its “public employees” harmless to the greatest extent possible under applicable law from all judgments, fines, penalties, amounts paid in settlement and any other amounts incurred by the Department, including attorneys’ fees and costs, in connection with threatened, pending or completed action, suit or proceeding, whether civil, administrative or investigative, arising as a result of granting the variance.
2. Expenses: I agree to advance all expenses incurred by the Department in connection with the investigation, defense, settlement or appeal of any civil action or proceeding referenced above.
3. Notification of Defense of Claim: If any action, suit, proceeding or other claim is brought against the Department in respect of which indemnity may be sought under this Indemnification, I agree to promptly notify the New Mexico Environment Department in writing of the commencement thereof. Notice to New Mexico Environment Department shall be directed to the General Counsel & Environmental Policy at P.O. Box 5469, Santa Fe, New Mexico 87502.

This form shall be duly signed and notarized and returned within 15 calendar days from the date of receipt to NMED, EHB, ATTN: Aquatic Venues Program Manager, 121 Tijeras Ave. NE Suite 1000, Albuquerque, NM 87102 . Failure to return the completed form in a timely manner may result in voiding the variance.

\_\_\_\_\_  
Signature of Person Granted a Variance

\_\_\_\_\_  
Name of Person (Please Print)

\_\_\_\_\_  
Name of Facility/Pool (Please Print)

\_\_\_\_\_  
Title or Designation

SUBSCRIBED AND SWORN before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary’s Signature (Affix seal in the blank space)

\_\_\_\_\_  
Notary’s Name (Please Print)

My commission as a notary in the State of \_\_\_\_\_ expires the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.