



PORT OF TACOMA
PROJECT TITLE: FABULICH CENTER RESTROOM REMODEL
PROJECT NO. 101648.01 | CONTRACT NO. PORT-PA-000000298
PRE-BID SIGN IN SHEET

Name:	Firm:	Email:	Phone Number:
Douglas Beckley	Demolition Solutions LLC	Douglasbeck11@earthlink.com	253-548-4421
Alex Larsen	CAVOS CONSTRUCTION	Alex@cavosconstruction.com	253-886-8578
Ryan Vonderman	Pease Piping	bids@peasepiping.com	253-318-9672
Kristina Bailey	POT		
Kirsten Pedersen	POT		
Vladimir Temenzhi	TEK CONSTRUCTION	Vlad@brhonesllc.com	(253)363 3345
Michelle Walker	POT	procurement@portoftacoma.org	

RELEASE AND ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGMENT OF RISKS

Procurement: FABULICH CENTER RESTROOM REMODEL
Location: Port of Tacoma Fabulich Center

ACKNOWLEDGMENT OF RISKS – I acknowledge that I attended the safety briefing regarding a site visit at the above location regarding the above procurement. I understand and acknowledge that the activity that I am about to engage in bears certain risks which could result in injury or damage to myself, my property, or to other third parties. I understand and acknowledge those risks may result in personal claims against THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, or claims against me by other third parties.

ACCEPTANCE OF RISK AND RESPONSIBILITY - Being aware that this activity entails risks of injury to myself and to third parties as a result of my actions, I agree to accept and assume all responsibility and risk for injury or damage to myself or to my property arising from my participation in this activity. I agree, covenant, and promise to accept and assume all responsibility and risk for injury or damage to other third parties and their property arising from my participation in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

RELEASE - I hereby voluntarily release THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents and employees, officers, managing members, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to or are in any way connected with my participation in this activity, including specifically, but not limited to, the negligent acts or omissions of THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents or employees, and all other persons or entities, for any and all injury, death, or damage to myself or to my property. I further agree, promise, and covenant to hold harmless and indemnify THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents and employees, officers, managing members, and all other persons or entities from all defense costs, including attorney's fees, and from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to other third parties in the course of my participation in the activity. I further agree, promise, and covenant not to sue, assert or otherwise maintain or assert any claim against THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents or employees, officers, managing members, and all other persons or entities, for any injury, death or damage to myself or to my property, arising from or connected with my participation in this activity or from any claim asserted against me by other third parties. In signing this document, I fully recognize that if anyone is hurt or property is damaged while I engage in this activity, I will have no right to make a claim or file a lawsuit against THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, or its officers, managing members, agents, or employees, even if they or any of them negligently caused the bodily injury or property damage.

EFFECT OF THIS RELEASE AGREEMENT - I understand and acknowledge that by initialing and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents or employees, officers, managing members, and other persons, entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, negligence in any degree, of THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents or employees, officers, managing members, and all other persons or entities.



Vladimir Tekmenzh



People. Partnership. Performance.

P.O. Box 1837
Tacoma, WA 98401-1837
www.portoftacoma.com

I understand and acknowledge that by initialing and/or signing this document, I have assumed responsibility and legal liability for the claims or other legal demands, including defense costs, which may be asserted by spectators or other third parties against me as a result of participation in this activity. I understand that this is the entire Agreement between myself and THE PORT OF TACOMA, THE NORTHWEST SEAPORT ALLIANCE, its agents and employees, officers, managing members.

My signature below indicates that I have attended the safety briefing, and that I have read this entire document, understand it completely, and agree to be bound by its terms.

PRINT NAME Dwayne Buckley DATE OF BIRTH (Required) 12/11/71
 PRINT NAME OF COMPANY Demolition Solutions LLC
 ADDRESS/CITY/STATE/ZIP P.O. Box 99194 Lakewood, WA 98496
 PHONE NUMBER 253-542-4421 E-MAIL Dwayneb0411@attol.com
 EMERGENCY CONTACT AND PHONE NO. Monica WETJEN 253-414-8083
 DATE 4/2/25
 SIGNATURE Dwayne Buckley

Accepted by

THE PORT OF TACOMA / THE NORTHWEST SEAPORT ALLIANCE

BY _____

TITLE _____ DATE _____



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PRINT NAME ALEX LOVTSOV DATE OF BIRTH (Required) 02/30/2000

PRINT NAME OF COMPANY COLVOS CONSTRUCTION

ADDRESS/CITY/STATE/ZIP 711 COURT C TACOMA WA 98402

PHONE NUMBER 253 946 8678 E-MAIL ALOVTSOV@COLVOSCONSTRUCTION.COM

EMERGENCY CONTACT AND PHONE NO. MIKE DAVIS (253) 225 2130

DATE 4/2/25

SIGNATURE [Signature]

Accepted by

THE PORT OF TACOMA / THE NORTHWEST SEAPORT ALLIANCE

BY _____

TITLE _____ DATE _____



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My signature below indicates that I have attended the safety briefing, and that I have read this entire document, understand it completely, and agree to be bound by its terms.

PRINT NAME Ryan Vonderau DATE OF BIRTH (Required) 10/21/85
 PRINT NAME OF COMPANY Pease Piping Inc
 ADDRESS/CITY/STATE/ZIP Po Box 44870 Tacoma, WA 98448
 PHONE NUMBER 253-318-9672 E-MAIL bids@Peasepiping.com
 EMERGENCY CONTACT AND PHONE NO. Kelsay Pease 253-380-8438
 DATE 4/2/25
 SIGNATURE Ryan V.

Accepted by

THE PORT OF TACOMA / THE NORTHWEST SEAPORT ALLIANCE

BY _____

TITLE _____ DATE _____

