

If you sign this Waiver Form, you're acknowledging that:

- you are a volunteer.
- you release the Town of Millis, all of its representatives and event sponsors **from all liability** for any injuries or harm that may happen to you or your property during the event.
- **you will not take any legal action of any type for any reason against any of us.**

### Release of Claims, Indemnity and Hold Harmless Agreement

I, \_\_\_\_\_, for other good and valuable consideration, hereby acknowledged, do hereby agree to forever RELEASE the Town of Millis, its employees, agents, officers, and volunteers (the "Releasees"), from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries which I may have as the result of volunteering on the public properties located in Millis, MA, for MILLIS BEAUTIFICATION DAY and all activities related thereto.

I further acknowledge that this activity is voluntary and may expose me or my property to risks. I, therefore, also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including claims for damages, costs and attorneys' fees, arising from personal injuries to myself or others as a result of practice operations.

I hereby further covenant for myself, my successors and assigns not to sue the said Releasees because of any such claim, demand or liability.

I am fully aware that by signing this document I am releasing the above-mentioned parties from liability that may arise because of intentional or negligent acts of these parties. I certify that I am authorized to sign such documents. Additionally, it is my intent to release the above-mentioned parties from liability relating to any accident and resulting injuries and/or death that may occur during Millis Beautification Day and thereafter.

#### Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**Signature** (If less than 18 years of age, a parent or guardian **must** sign this form.)

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Relationship to Minor (if signing for a minor)

#### Emergency Contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_