



**VOLUNTARY ACTIVITY  
RELEASE FORM\***

**Activity/Program Title:** \_\_\_\_\_

**Activity/Program Coordinator:** \_\_\_\_\_

I, the undersigned \_\_\_\_\_, acting as a participant in or coordinator of (herein referred to as “participant”) a voluntary activity or program (herein referred to as “program”) titled \_\_\_\_\_.

I do hereby forever release the Town of Sherborn (herein referred to as “the Releasees”) and its employees, agents, board members, volunteers, coordinators, and any and all individuals and organizations assisting or participating in the above named program, from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself - the participant, or property damage resulting from my participation in this completely voluntary program.

I also promise, to indemnify, 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, arising from personal injuries to myself - the participant, or property damage resulting from my participation in this completely voluntary program.

I fully understand that my participation in the program is voluntary and that I am free to choose not to participate in said program. I also acknowledge that as a participant in this voluntary program, any amount I pay as a voluntary participant is considered a voluntary contribution to cover costs of coordination, expertise, materials, time, and/or meeting space.

By signing this Form, I affirm that I have decided to be a voluntary participant in this program with full knowledge that the “Releasees” will not be liable to anyone for personal injuries and/or property damage I may suffer in this voluntary program. Furthermore, I understand that the “Releasees” are hereby “released” from any and all liabilities regarding this voluntary program, now and in the future. I further affirm that I have read this Release Form and that I understand the contents of this Form.

**Signed:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Today’s Date:** \_\_\_\_\_

*\* Original must be kept on file in the Town Administrator’s Office.*