

WARE 250^{TH} ANNIVERSARY CELEBRATION COMMITTEE TOWN OF WARE

VOLUNTARY WAIVER AND RELEASE FORM

I, the undersigned the Town of Ware (hereafter the "Town"), Ware, N	do hereby consent to my participation in voluntary programs of Massachusetts.
Ware, and all employees, agents, board members, v participating in any voluntary 250 th Anniversary Ce (hereinafter "the Releasees"), from any and all clair of every kind and nature, including but not limited equity, which I ever had, now have, or may have, d	e, waive, hold harmless, agree not to sue and indemnity, the Town of volunteers and any and all individuals and organizations assisting or elebration programs of the Town of Ware on behalf of the Town of Ware ms, rights of action, demands, expenses, lawsuits, damages and liabilities to injury or property damage, whether known or unknown, in law or irectly or indirectly, arising from or in any way related to my participation celebration and understand, recognize and acknowledge that participation tially hazardous.
I further understand that notwithstanding precautions taken by the releases, participation in these voluntary programs involves a potential risk of injury or other damage. I am voluntarily participating in these activities with knowledge of potential risks (including injury or other damages) that is, involved.	
Anniversary Celebration programs of the Town of the Releasees against any and all legal claims and prown of Ware 250 th Anniversary Celebration, including	any all risks association with my participation in the voluntary 250 th Ware. I also promise and agree to indemnify, defend and hold harmless proceedings brought as a result of my direct or indirect participation in the ading any loss, damage, expenses, court costs and/or attorneys fees civil action against the Releasees in any way arising from or related to my
participation in these programs is voluntary and that form, I affirm that I have decided to participate in I knowledge that the Releases will not be liable to m suffer as a result of my participation in the voluntary	orm and that I understand the contents of this form. I understand that my at I am free to choose not to participate in said programs. By signing this Fown of Ware 250 th Anniversary Celebration programs with full e, or anyone for personal injuries, property damage or other loss that I by Town of Ware 250 th Anniversary Celebration activities and programs. I I Liability Insurance and health insurance and I agree to provide proof of
I have read the above Waiver and Release and I understand that I, am giving up substantial rights by signing this document and I certify that, I have signed this document voluntarily.	
Signature of Participant	
Printed Name of Participant	
Date:	