

Town of Wallingford, VT
75 School Street
Wallingford, VT 05773

Event Release Form

RELEASE AND INDEMNITY AGREEMENT

READ VERY CAREFULLY BEFORE SIGNING!

I, _____ (please print full name of participant), willingly participate and/or volunteer in the following Town of Wallingford _____ (print name of event/activity/sport), and do hereby release and agree to hold harmless and indemnify the Town of Wallingford (Town), its agents, employees, staff, directors, organizers, committee/commission members, and volunteers from any claims, responsibilities or liabilities for injuries or harm whether consisting of personal injury, property damage, or death that does or may result in any way from my participation in the above named event/activity/sport. I completely understand that this paragraph constitutes a covenant and a promise on my part to fully discharge all of the above-named parties from any and all liability of any kind for any injuries, loss, damage, or death which may result from my participation. This release is binding, and I so understand, not only upon myself but upon my heirs, administrators, executors, and assigns, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of its terms and conditions and the totality of its effect, and the totalness of the waiver of any rights that I would otherwise have had, had this agreement not been executed.

Participant's Signature: _____

Participant's Printed Name: _____

Date: _____

If under 18 years old:

Parent/Guardian Signature: _____

Parent/Gaurdian Printed Name: _____

Date: _____

Parent or guardian must sign if participant is under 18 years of age.

Form approved by Selectboard 04/17/23