



Sudbury Senior Center
Council on Aging
Town of Sudbury, Massachusetts

40 Fairbank Road • Sudbury, Massachusetts • 01776-1681 • www.sudburyseniorcenter.org
Phone: 978-443-3055 • Fax: 978-443-6009 • E-mail: senior@sudbury.ma.us

Sudbury Senior Center Programs
Release of Claims, Indemnity and Hold Harmless Agreement

I, _____, the undersigned, voluntarily agree to participate in any or all of the Town of Sudbury Senior Center Volunteer Programs, including, but not limited to, volunteer(s) providing services at my residence, the Sudbury Senior Center, a town building or local or non-local office or building (the “Volunteer Programs”).

I also agree, on behalf of myself, my heirs, and personal representatives, to forever release, indemnify, reimburse, defend, and hold harmless the Town of Sudbury (“Town”), the Sudbury Senior Center, and all their respective successors, assigns, employees, agents, staff, board members, representatives, officers, volunteers, contractors, and any and all individuals involved in the Volunteer Programs (together with the Town, the “Releasees”), from and against any and all claims, actions, proceedings, rights of action, 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, arising from known and unknown personal injuries, illness, death, or property damage, resulting from my participation in the Volunteer Programs, including but not limited to volunteer home-based services (together, the “Claims”).

I further affirm and acknowledge that I have read this Release of Claims and understand its contents. I understand that my participation in the Volunteer Programs is voluntary and that I am free to choose not to participate. As such, I understand that I cannot make any claims against the Releasees, or any agency for any Claims suffered while participating in Volunteer Programs. By signing this Release of Claims, I affirm that I have agreed to participate in the Volunteer Programs with full knowledge that the Releasees will not be held liable to anyone for any Claims I may have as a result of my participation in the Volunteer Program.

Signed: _____ Date: _____

Print name: _____

Address: _____ Town: _____

Phone: _____

Email: _____

PLEASE RETURN THIS COMPLETED FORM TO:
SUDBURY SENIOR CENTER, 40 FAIRBANK RD., SUDBURY, MA 01776