

Hudson Senior Center

19 Kimball Hill Road,

Hudson NH 03051

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General Release and Indemnification Agreement

I, _____ (*print name*), am requesting to participate in the senior programs of the Town of Hudson, New Hampshire. The senior programs are voluntary and I am not required to participate in them. In consideration of the Town of Hudson granting me permission to participate in the senior programs and for other valuable consideration, I _____, am entering into this General Release and Indemnification Agreement which extends to the Town of Hudson, N.H., its employees, agents, Boards, and volunteers, and any and all individuals and organizations assisting or participating in any of the senior programs, both individually and in their official capacities (hereinafter "the Releasees"). Please initial the following statements:

___ The activities in which I may participate include physical activities that may include the use of exercise equipment and weights.

___ I understand that my participation will or could subject me to numerous dangers or risks of personal injury, even death, as well as other injuries or damages. I have considered these risks and dangers and relying on my own judgment, I have voluntarily chosen to participate in the senior programs of the Town of Hudson and to assume all such dangers and risks in my participation.

___ I certify that I am in suitable health and capacity to participate in these senior programs.

___ I knowingly and voluntarily release the Releasees from any and all claims, rights or action and causes of action that may have arisen in the past, or may arise in the future, seen or unforeseen, directly or indirectly, or within or without the control of the Releasees, and also all claims which I have or may acquire, for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, contract claims or negligence resulting from, arising out of, directly or indirectly, during or in any way connected with my enrollment or participation in the senior programs.

___ I further agree to indemnify, defend and hold harmless the Releasees from liability for the injury or death of any person and any damage to property that might result from my negligence, intentional acts, or omissions, resulting from, or arising out of, directly or indirectly, during or in any way connected with my enrollment or participation in the senior programs.

___ I acknowledge that I have read this General Release and Indemnification Agreement. I also understand and acknowledge that this Agreement obligates me to indemnify the released parties for any liability for injury or death of any person and damage to property caused by my negligent or intentional acts or omissions while enrolled or participating in the senior program.

This General Release and Indemnification Agreement shall be construed to be as comprehensive as allowed by law and as severable. The invalidity of any portion of this Agreement shall not affect any other portion and shall not establish a legal or other relationship between or among those released which does not in fact exist.

In witness whereof the parties have hereunto set their hand this ____day of _____ 20__.

Please Print Name of Participant

Signature

Signature of Witness from Town