



RELEASE

I understand that there are inherent risks and dangers in any and all activities including the one(s) in which I am participating at the Comstock Community Center located at 180 School Road, Wilton, Connecticut owned by the Town of Wilton. I also understand that there is a heightened risk and danger for myself and others in participating in certain activities that involve physical exertion, such as Line Dancing, Yoga, Tai Chi, etc.

Nevertheless, I agree to defend and hold harmless and to indemnify the Town of Wilton, its members, agents, officers, and employees and any person there within from any and all claims, actions, demands, damages, costs, and loss of services, expenses, including but not limited to attorney fees, and compensation on account of, or in any way growing out of, or arising from, my participating in activity(ies) sponsored by the Town of Wilton Social Services Department, including but not limited to, negligence claims for bodily injury, sickness, disease or death or property damage of any kind, against any and all of the aforementioned parties, whether or not such, claim, demand, damage, cost, loss or expense is caused in part by a party indemnified hereunder.

The execution of this Release is done with my full knowledge and appreciation of the act and its ramifications and is free from coercion of any kind by the Town of Wilton, its members, agents, officers, and employees. I represent that I have carefully read and understand this Release and that I have entered into this Release knowingly and voluntarily after having had an opportunity to consult with my legal advisors, which I have been encouraged to do so by the Town of Wilton. I further understand that I am waiving substantial rights by signing this release.

I further understand that I may be photographed for the purpose of promotion or advertising in future brochures, newspapers, newsletters, or in the Town of Wilton website. By signing this release, I am also giving permission to the Town of Wilton to use the photos of me for any of the aforesaid purposes.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Telephone: _____