Glocester Land Trust

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
WAIVER OF LIABILITY CLAIM

In consideration of being allowed to use ______________________ (facility/building/property) of the Glocester Land Trust for ______________________ (activity/program), I hereby agree to and acknowledge the following:

I acknowledge and understand that the use of the ______________________ (facility/building/property) involves risks such as, but not limited to, the following: risk of property damage, bodily injury and possible death. These risks may result from the use of the ______________________ (facility/building/property), from the activity itself, and/or from the acts or inaction of others.

I hereby assume the risk of any bodily injury, death or property damage that might occur while using the ______________________ (facility/building/property) for ______________________ (activity/program).

With the knowledge of the foregoing, and as an inducement of the Glocester Land Trust to allow me to use the ______________________ (facility/building/property) for ______________________ (activity/program), I hereby agree to indemnify, defend and hold harmless the Glocester Land Trust, its divisions and subdivisions, including but not limited to the agents, staff and employees of those entities for claims filed against them arising out of my activities contemplated herein.

I hereby agree to INDEMNIFY AND HOLD HARMLESS the Glocester Land Trust, its agents, staff and employees from any and all claims or causes of action which I may make or which might be made on my behalf by others or which might be made against me or the Glocester Land Trust by others, arising from or related to my participation, including, but not limited to, death, injury, pain and suffering, medical costs, lost wages, destruction of property, attorneys fees and legal expenses.

By: ______________________

In the case of a minor, the parent or legal guardian must sign below on behalf of his/her child.

By: ______________________

The Minor’s (Parent/Guardian)

Date: ______________________