

JACOB EDWARDS LIBRARY
RELEASE FORM

I, _____ of the Town of Southbridge, Worcester County, Commonwealth of Massachusetts, do hereby covenant with the Town of Southbridge and the Trustees of the Jacob Edwards Library, in consideration for authorization by said Town and Trustees to provide volunteer assistance and library services in said Jacob Edwards Library, that I will not at any future sue said Town of Southbridge or Library Trustees for or on account of any claim for injury or damages arising out of said volunteer assistance and services in the aforesaid Jacob Edwards Library.

APPLICATION INFORMATION: VOLUNTEER

NAME OF PATRON [PRINT]: _____

SIGNATURE OF PATRON: _____

TODAY'S DATE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

TO BE COMPLETED BY THE LIBRARY STAFF

SIGNATURE OF SUPERVISOR: _____

TODAY'S DATE: _____

TO BE COMPLETED BY THE DIRECTOR

DATE RECEIVED: _____

SIGNATURE OF DIRECTOR: _____