



BARNSTABLE COUNTY COMMISSIONERS

P.O. BOX 427
BARNSTABLE, MASSACHUSETTS
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HOME RULED CHARTERED
IN 1989

COUNTY COMMISSIONERS
LEO G. CAKOUNES
Harwich

MARY PAT FLYNN
Falmouth

RONALD R. BEATY
Barnstable

INTERNS AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned (_____), do hereby consent to my participation in voluntary programs of the Barnstable County, the department of (_____).

I also agree to forever release the County of Barnstable, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary programs of the County ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from any participation in the County of Barnstable voluntary activities or programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the County of Barnstable voluntary activities or programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the County as a volunteer or intern with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary County activities or programs.

Participant Signature:

Date:
