

## **TOWN OF SWAMPSCOTT**

### **RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT** **MEDITATION FOR ADULTS PROGRAM**

I, \_\_\_\_\_, the undersigned, voluntarily agree, after careful consultation, to participate in the Meditation for Adults program being offered in partnership between Michelle Simons and the Town of Swampscott (the "Meditation for Adults").

I also agree to forever release the Town of Swampscott ("Town"), Michelle Simons, and all their employees, officials, officers, agents, boards, commissions, committees, members, attorneys, volunteers and any and all individuals involved with the Meditation for Adults programming, including, but not limited to, individuals providing services or support to the Meditation for Adults program, (the "Releasees"), from any and all claims, right of action, causes of action, damages, costs, compensation and attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, resulting from my participation in the Meditation for Adults program. I also promise to fully reimburse the Town for any damages, costs or expenses as a result of my participation in the Meditation for Adults program.

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 or damage to myself resulting from my participation in the Meditation for Adults program and its related programs.

I further affirm and acknowledge that I have read this entire Release Form and understand the contents of this Form. I understand that my participation in the Meditation for Adults program and related programs is completely voluntary and that I am free to choose not to participate in any program.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form and agree to participate in this Program without compensation. I understand that participation in the Meditation for Adults program is entirely voluntary and that I am free to choose not to participate in said program or have my minor participate in said program. By signing this form, I authorize participation in the Meditation for Adults program with full knowledge that the Releasees will not be liable for any damage or injuries resulting from my or my child's participation in these programs and that information provided by the participant during the Program will remain confidential to the extent permitted by law, including, but not limited to, the Public Records Law.

Signed: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MAY NOT BE ALTERED**

## **DISCLAIMER**

### **THIS PROGRAM DOES NOT PROVIDE MEDICAL ADVICE.**

This Meditation for Adults Program offered in coordination with the Town of Swampscott is provided for educational and informational purposes **only** and does not constitute providing medical advice or professional services and creates no legal relationship with the participant and is not to provide any medical advice.

The information provided should not be used for identifying, diagnosing or treating any medical condition, and those seeking personal medical advice should consult with their licensed physician. If you have a medical emergency, call 911 or go to the nearest emergency room immediately. Neither the Town of Swampscott nor its vendors, officials and employees, nor any contributor to this program, makes any representations, express or implied, with respect to any of the information provided.

Any views or opinions presented in this program are those of the speakers and do not represent the opinions or views of the Town of Swampscott or its officials and employees.

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