

MIDDLEBOROUGH COUNCIL ON AGING  
558 Plymouth Street  
Middleborough, MA 02346  
(508) 946-2490

**RELEASE AND INDEMNIFICATION AGREEMENT**  
**COVERING COA DAY AND OVERNIGHT TRIPS**

Release executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, hereafter referred to as releaser, to Town of Middleborough, a Massachusetts municipal corporation located in Plymouth County, hereafter referred to as releasee.

1. Releasee acting through its Council on Aging from time to time assists travel agencies and bus operators in the planning and promotion of day and overnight trips for senior citizens and other persons. The Council on Aging provides publicity, makes reservations, collects funds from persons who participate in the trips and takes other action in connection with such trips. The releaser desires to participate in one or more such trips and acknowledges that the releasee is not responsible to the releaser with respect to any personal injuries or property damage which may be suffered by the releasee on any such trips or with respect to any claim that any such trip failed to provide services, accommodations or any other benefits which should have been provided during such trip.
2. Releaser in consideration of participation in any such trip hereby releases and discharges releasee and releasee's officers, employees, agents and volunteers from any and all claims, demands and causes of action of whatever description which the releaser may have and which may arise hereafter with respect to or during any such trip including without limitation any matter related to the failure to receive services, accommodations or other benefits which should have been provided to releaser by virtue of participation in any such trip. Releaser agrees to indemnify and hold the releasee and releasee's officers, employees, agents and volunteers harmless with respect to any and all such claims, demands and causes of action brought against them or any of them.
3. This release and indemnification agreement shall enure to the benefit of releasee and its officers, employees, agents and volunteers and shall bind releaser and all heirs, legal representatives, successors and assigns to the releaser.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMERGENCY CONTACT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE