Release of All Claims

(Name of individual executing this release)	I,	, being the authorized representative of	f
consideration of said organization and its members and invitees, being allowed to participate in the use of the East Longmeadow Library meeting rooms and facilities and the programs offered or sponsored by the Town of East Longmeadow and the East Longmeadow Library and Board of Trustees do hereby forever release, acquit, discharge and covenant to hold harmless the said East Longmeadow Library Board of Trustees and the Town of East Longmeadow and their employees, of and from any and all debts, demands, actions, causes of actions, suits, claims, and damages on account of or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which the organization and its members and invitees may now or hereafter have resulting from the use by said organization its members and invitees of the East Longmeadow library and parking area and any activities and programs offered therein. In addition, the organization shall indemnify and defend the East Longmeadow Library Trustees and the Town of East Longmeadow and their employees from the claims made by any of its members and/or its invitees related to the use of the East Longmeadow library and parking area or its activities and/or programs. Executed as a sealed instrument this	(Name of individual executing this release	ase)	
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by any of its members and/or its invitees related to the use of the East Longmeadow library and parking area or its activities and/or programs. Executed as a sealed instrument this day of 2014, on behalf of the by the undersigned, its	In addition, the organization shall indemni	fy and defend the East Longmeadow Lib	orary
library and parking area or its activities and/or programs. Executed as a sealed instrument this day of 2014, on behalf of the by the undersigned, its	Trustees and the Town of East Longmeado	ow and their employees from the claims i	made
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on behalf of theby the undersigned, its	library and parking area or its activities an	d/or programs.	
	Executed as a sealed instrument this	day of	_2014,
duly authorized representative.	on behalf of the	by the undersigne	d, its
	duly authorized representative.		
	Witness	Applicant	

Commonwealth of Massachusetts

Hampden, ss				
On this	day of		2014, before me,	the undersigned
	-		2014, octore me,	the undersigned
notary public	e, personally appeared	d		
			, proved to m	ne through
satisfactory e	evidence of evidence	of identificatio	n, which was	
		, to be	the person(s) whose na	ame is/are signed
on the procee	eding or attached doc	ruments, and ac	knowledged to me that	he/she/they
signed it volu	intarily for its stated	purpose as		of
	·			
			Notary Public:	
			•	
		Name		
		My Commi	ssion Expires:	