

**TOWN OF ARLINGTON  
LEGAL DEPARTMENT**



**Waiver, Release of All Claims and Hold Harmless Agreement For  
*Friends of Spy Pond Park***

**SPY POND PARK WORK and FUN DAYS in 2025**

**READ CAREFULLY**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Release of Liability & Waiver Agreement:** In consideration of my or my child's participation in the Spy Pond Park Work and Fun Days, I agree that all activities undertaken by me or my child, are at my or his or her own risk, and that the Town of Arlington, its employees, agents and volunteers, shall not be liable for any claim, demand, injury, damage, action, or causes, of action whatsoever to myself or my child or my property or my child's property due to the passive or active negligence of the Town of Arlington, its agents, employees, or volunteers, arising out of, connected with my or my child's participation in or the use or operation of equipment in this program and that I expressly forever release and discharge the Town of Arlington, its agents, employees or volunteers from all such claims, demands, injuries, death, damages, actions or causes of action whatsoever. I understand that my signature is required before my, or my child's participation in this program is allowed. I have read this Agreement carefully and know and understand its contents. I agree to participate or allow my child to participate in the Community Clean-up. I understand that participation in this activity is completely voluntary and that there is no requirement to participate in the activity. This activity may be photographed. Participants may also be photographed for media coverage, the Town of Arlington website, Town programs and promotions.

[Signature of Participant if 18 years or older **or** printed name of participant if under age 18]

\_\_\_\_\_ Date \_\_\_\_\_

[A Parent, Custodial Parent or Legal Guardian **MUST** Sign and Date (if participant is under age 18)]

\_\_\_\_\_ Date \_\_\_\_\_