

GREATER NEW BEDFORD REGIONAL REFUSE MANAGEMENT DISTRICT  
RELEASE

I, \_\_\_\_\_, of \_\_\_\_\_, do hereby  
(print name) (address)

RELEASE and discharge the Greater New Bedford Regional Refuse Management District (the District), and their respective officers, officials, employees, agents and volunteers, from any and all claims, demands, actions, damages, losses, expenses and judgments, of whatever kind or nature which I or which my heirs, executors, administrators or assigns may ever have, claimed to have, or acquire, against the District, and their respective officers, officials, employees, agents and volunteers for all personal injuries and property damage known or unknown, caused by or arising out of or resulting, directly or indirectly, a tour of the Facilities.

I further waive any claim to compensation or indemnification from the District for or arising out of the above described activity.

I understand and acknowledge that I am engaging in this tour at my own request and risk and that I am not a District employee, officer, official, or agent and am not entitled to any compensation, benefit or insurance coverage from the District, nor will I claim any from the District.

I furthermore agree to defend and INDEMNIFY the District against any claim, damage, loss or expense of whatever kind or nature that the District may have to pay that arises from my participation in the tour of the Facilities.

I agree to act responsibly at all times while at the Facilities and to comply with the procedures of and instructions given by the District.

I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at \_\_\_\_\_ on \_\_\_\_\_, 202\_\_.

WITNESS

TOUR PARTICIPANT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(print name)