



*First Congregational Church*  
*United Church of Christ*

725 WASHINGTON STREET, HOLLISTON, MASSACHUSETTS 01746  
508) 429-8608 office@hollistonucc.org, Fax 508-458-5736  
SENIOR MINISTER: REVEREND BONNIE STEINROEDER

**Release and Waiver of Liability**

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, (month) 20\_\_ (year) by \_\_\_\_\_ ("Rentee") in favor of The First Congregational Church of Holliston, their directors, officers, employees and agents (collectively, "The Church").

The Rentee hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Rentee does hereby release and forever discharge and hold harmless the Church and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Rentee's Activities with the Church.

Rentee understands that this Release discharges the Church from any liability or claim that the Rentee may have against the Church with respect to any bodily injury, personal injury, illness, death or property damage that may result from Rentee's Activities in the Church, except where due to the gross negligence or willful misconduct of the Church, its officers, directors, employees or agents. Rentee also understands that the Church does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

**Medical Treatment.** Rentee does hereby release and forever discharge the Church from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Rentee's Activities with the Church.

**Insurance.** The Rentee understands that, except as otherwise agreed to by the Church in writing, the Church does not carry or maintain health, medical or disability insurance coverage for any Rentee.

**Other.** Rentee expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts, and that this Release shall be governed by and interpreted in accordance with laws of the State of Massachusetts. Rentee agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Rentee has executed this Release as of the day and year first above written.

**PRINTED NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_