

EAST GREENWICH HISTORICAL CEMETERY

ADVISORY COMMISSION

Individual Release

My signature below indicates that I agree to participate in an East Greenwich Historical Cemetery Advisory Commission Event and I release the Town of East Greenwich, the Town Council, the East Greenwich Historical Cemetery Advisory Commission, its officers, agents, and employees from and against any and all liability arising out of or connected with my participation in the East Greenwich Historical Cemetery Advisory Commission Event. I further agree that I will not be eligible to participate unless this signed release has been filed with the EGHCC Liaison. Furthermore, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have or which may hereafter occur as result of my participation in the program. I hereby affirm that I have read, understood and will abide with the above-mentioned statements with my signature below. Parent or guardian must sign for youth 18 and under.

Name: (print) _____

Signature: _____

Date: _____

Re: Use of photographs

Please check one:

- I authorize East Greenwich Historical Cemetery Advisory Commission to utilize any photographs taken of me in publications, press release, or promotion.
- I **would not like** my photograph utilized.

In Case of Emergency, Contact:

Name: _____

Phone # : _____

- Please email me information on future E.G. Historic Cemetery cleanups!**

Email: _____