

JACOB EDWARDS LIBRARY  
**RELEASE FORM**

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I, \_\_\_\_\_ of the Town of Southbridge, Worcester County, Commonwealth of Massachusetts, do hereby covenant with the Town of Southbridge and the Trustees of the Jacob Edwards Library, in consideration for authorization by said Town and Trustees to provide volunteer assistance and library services in said Jacob Edwards Library, that I will not at any future sue said Town of Southbridge or Library Trustees for or on account of any claim for injury or damages arising out of said volunteer assistance and services in the aforesaid Jacob Edwards Library.

**APPLICATION INFORMATION: VOLUNTEER**

**NAME OF PATRON [PRINT]:** \_\_\_\_\_

**SIGNATURE OF PATRON:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

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*TO BE COMPLETED BY THE LIBRARY STAFF*

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

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*TO BE COMPLETED BY THE DIRECTOR*

**DATE RECEIVED:** \_\_\_\_\_

**SIGNATURE OF DIRECTOR:** \_\_\_\_\_