

# Town of Alton



**Board of Selectmen**  
PO Box 659  
Phone 603-875-2161

**Town Administrator**  
1 Monument Sq. Alton NH 03809  
Fax 603-875-0207 TDD 603-875-0111

## Waiver of Liability Form – Tax-Deeded Properties

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_ agree that I will hold harmless the Town of Alton and all agents in order that I may be allowed to make entrance to the property located at: \_\_\_\_\_

I acknowledge, understand, and agree to the following:

- I assume full responsibility and liability for my own safety and the safety of others who might be affected by my actions during my presence at the above referenced premises.
- I agree to hold the Town harmless against damages or injuries to myself or the Town arising from my own conduct.
- I hereby agree to waive, release, defend, indemnify and hold harmless the Town of Alton, its agents, employees and officers ("Releasees"), from any and all claims of illness, bodily injury, personal injury, or property damage, occurring to me or to others, arising from any cause or risk at the above-referenced premises, including but not limited to the negligence of the Releasees.
- I am waiving my ability to sue Releasees for damages if I am injured in any way or suffer any losses of any kind while on the above-referenced premises, and my waiver applies to Releasees' own acts of negligence in maintaining, supervising, repairing, securing, safeguarding or in any way managing the premises or any conditions, activities or hazards present thereon whether known, unknown, foreseeable or unforeseeable.

The purpose of my request is to: \_\_\_\_\_

\_\_\_\_\_

The date I wish to do this is: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_

Email: \_\_\_\_\_

**Town Administrator (or designee) Approval:** \_\_\_\_\_

**Approval date:** \_\_\_\_\_