

**NEW HAMPSHIRE HOSPITAL
INDEMNITY AGREEMENT**

This agreement is entered into on this _____ by a representative of New
(Date)

Hampshire Hospital, and _____ agrees to hold New
(Name of Group/Representative)

Hampshire harmless should any damage and/or personal injury occur to any participants and/or any
spectators while participating in _____ on the New Hampshire
(Activity)
Hospital Grounds.

_____ assumes all risk by voluntarily holding the activity
(Name of Group/Representative)

on the grounds of New Hampshire Hospital. It is understood that while on New Hampshire Hospital
Grounds all visitors shall abide by the rules and regulations of New Hampshire Hospital (see attached) and
will conduct themselves in a courteous and responsible manner. Only those age 18 or older may participate
in activities. NHH is not able to accommodate children in activities or as spectators.

**It is also understood that the Group Representative will be responsible for informing other group
members of such responsibilities.**

NHH USE

Print Name of Representative

Print Name NHH Representative

Signature of Group Representative

Signature of NHH Representative

Street Address/PO Box

City/State/Zip Code

Special Issues: _____

***NO PHOTOGRAPHY ALLOWED UNLESS PRIOR PERMISSION IS RECEIVED.**