



Town of Sudbury

<http://www.sudbury.ma.us>

EAGLE SCOUT SERVICE PROJECT PROPOSAL

Office of the Selectmen
Flynn Building
278 Old Sudbury Road
Sudbury, MA 01776

Phone: 978/639-3381
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E-mail: boardofselectmen@sudbury.ma.us

Name of Eagle Scout Candidate: _____ School/Year: _____

Address: _____ Home phone: _____
Cell phone: _____

E-mail Address: _____

Name of Unit Leader: _____ Home phone: _____
Email: _____

Project Location: _____

Property Owner: _____

Has approval been sought from Property Owner: yes no

Proposed Project Beneficiary: _____

Project Description and Benefit to the Town: _____

Project Time Frame – Anticipated Start and End Dates (Describe any project phases): _____

Required Town Permits (please list):

Anticipated Equipment/Tools Required (list any potential safety issues):

Project Budget:

Future Year Maintenance/Costs:

Additional Logistics:

Please attach any photos, sketches, plans, or other visuals to the proposal

By signing this form, the custodian/guardian of the Eagle Scout confirms that this project is insured by the Knox Trail Council, or in the alternative agrees to add the Town of Sudbury as an additional insured on their home liability insurance for the duration of the project.

Signature of Eagle Scout

Date

TOWN OF SUDBURY
CONSENT AND RELEASE FORM

We, the undersigned Parents of _____, forever release the Town of Sudbury and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in our son's Eagle Scout Service Project from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future (through and including the completion of said project), directly or indirectly, from personal injuries or property damage resulting from participating in said Eagle Scout Service Project.

We also promise to indemnify, defend, and hold harmless the Town of Sudbury against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or property damage from participation in said Eagle Scout Service Project through its completion.

We further affirm that we have read this Consent and Release Form and that we understand the contents of this Form. By signing this Form, we affirm that our son has decided to fulfill his Eagle Scout Service Project with full knowledge that the Town of Sudbury will not be liable to anyone for personal injuries and property damage that he may suffer in these activities.

Date

Parent Signature

Parent Signature

EAGLE SCOUT SERVICE PROJECT PROPOSAL

Approved by:

Department Name Signature Date

Department Name Signature Date

Committee Signature Date

Town Manager Date

_____ Knox Trail Council Certificate of Liability Insurance Attached