

# & CARROLL COUNTY PUBLIC LIBRARY

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in \_\_\_\_\_ offered by \_\_\_\_\_ at Carroll County Public Library. I recognize that this program may require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the \_\_\_\_\_. I represent and warrant that I am physically fit and that I have no medical condition that would prevent my full participation.
3. In consideration of being permitted to participate in \_\_\_\_\_ offered by \_\_\_\_\_ at Carroll County Public Library, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in \_\_\_\_\_, I knowingly, voluntarily, and expressly waive any claim I may have against \_\_\_\_\_ and/or Carroll County Public Library for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue \_\_\_\_\_ and/or Carroll County Public Library for any injury or death caused by their negligence or other acts.

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I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

### IF THE PARTICIPANT IS UNDER 18:

As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

WITNESSED BY: \_\_\_\_\_



CARROLL COUNTY  
PUBLIC LIBRARY

∞ Infinite Possibilities