

& 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.

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