

Boone County Public Library Waiver & Release

Participant Name: _____

Child's Name (if applicable): _____

Age (if under 18): _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

WAIVER AND RELEASE AGREEMENT: (1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the activity(s) and that the Boone County Public Library assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Library activity(s). (2) I understand and that Boone County Public Library has not and will not render any medical services including medical diagnosis of me or my child's physical condition. (2) In consideration of the entry of me/my child into the Library activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the Boone County Public Library, its officers, employees and agents from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s) (3) I hereby agree the Boone County Public Library shall not be liable for any claim, demand, cause of action of any kind resulting from or related to mine or my child's use of the facilities or participation in any activity within or without the library premises, and that the Participant or Parent/Guardian agrees to hold the Boone County Public Library harmless from same. (4) I hereby represent that the above Participant is in good physical condition and has no disease or injury that would keep them from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s). I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize

that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the Commonwealth of Kentucky.

Signature of Participant _____

Signature of Parent/Guardian (if under 18) _____

Date: _____

Program Name _____

Program Location _____ Program Date _____