



2015 Third Street  
Cuyahoga Falls, OH 44221

## Release & Hold Harmless Agreement

Program/Activity: \_\_\_\_\_

Date: \_\_\_\_\_

I agree (and/or for my minor child/children/or ward(s) named below) that as a condition of the right to participate in this activity, I shall forever release and hold Cuyahoga Falls Library, its officers and employees, harmless from any and all claims for damages, costs, or expenses for personal injuries and/or death (including but not limited to allergic reactions, burns or poisoning) or for damage or loss of personal property, occurring as a result of my participation, and/or the participation of my child/children/or ward(s) named below, in the activities associated with the above-named event/activity.

I further acknowledge on behalf of myself, and my minor child/children/or ward(s), that Cuyahoga Falls Library in no way represents or warrants that the activities and the products to be used in this event/activity are safe or healthful. I fully assume the risk that some or all of the activities may be dangerous and use of products or consumption of food during this event/activity may cause allergic reactions or other adverse health effects in myself, my minor child/children/or ward(s), and that either could result in personal injury (including death) or property damage and I will in no way hold Cuyahoga Falls Library, its officers and employees, responsible for these risks.

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Printed Name

Signature

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Address

## For Guardians of Minors

I represent that I am the parent / guardian (circle one) of the following minor child / children / or ward(s) participating in the above-indicated event and that I am at least 18 years of age:

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Child/Children's Name(s)

Relationship to Child

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Address

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Printed Name of Guardian

Guardian Signature