



WAIVER AND RELEASE OF ALL CLAIMS BY PARTICIPANT

Please read this form carefully and be aware that by participating in the _____ program and similar programs at the Fremont Library District ("Library District") you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program and similar programs.

As a participant in the programs of the Library District, I recognize and acknowledge that there are certain risks of injury and I agree to assume full risk of any injuries, including death, damage, or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Library District and its officers, agents, servants, elected officials, Board of the Library District, and employees.

I do hereby fully release and discharge the Library District and its officers, agents, servants, elected officials, Board of the Library District, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation and I hereby covenant not to sue the Library District or any of the aforementioned people. I further agree to indemnify and hold harmless and defend the Library District and its officers, agents, servants, elected officials, Board of the Library District, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me, caused by me, or arising out of, in connection with, or in any way associated with the activities of the program.

The Library District, in conducting its programs and activities, will exercise reasonable care in the creation of the programs and in loss control efforts. Participants and parents registering their child in Library District programs must recognize however, that there is a risk of injury when choosing to participate in Library District programs.

Please be advised that the Library District does not carry medical accident insurance for injuries sustained in its programs. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage.

I have carefully read this waiver on this form in its entirety and I understand that my signature is required below in order to participate in Fremont Library District programs.

Signature: _____ Date: _____

Printed Name: _____



WAIVER AND RELEASE OF ALL CLAIMS BY PARENT OF PARTICIPANT

Please read this form carefully and be aware that by your child’s participation in the _____ program and similar programs at the Fremont Library District (“Library District”) you will be waiving and releasing all claims for injuries you or your child might sustain arising out of the activities of this program and similar programs.

As the parent of a participant in the programs of the Library District, I recognize and acknowledge that there are certain risks of injury and I agree to assume full risk of any injuries, including death, damage, or loss regardless of severity which either my child or I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims my child may have or I may have as a result of participating in the program against the Library District and its officers, agents, servants, elected officials, Board of the Library District, and employees.

I do hereby fully release and discharge the Library District and its officers, agents, servants, elected officials, Board of the Library District, and employees from any and all claims from injuries, including death, damage, loss of consortium or other loss which my child may have or I may have or which may accrue to my child or me on account of my child’s participation. My child and I further agree to indemnify and hold harmless and defend the Library District and its officers, agents, servants, elected officials, Board of the Library District, and employees from any and all claims resulting from injuries, including death, damages, loss of consortium and other losses sustained by my child or me or arising out of, caused by my child or me, in connection with, or in any way associated with the activities of the program.

The Library District, in conducting its programs and activities, will exercise reasonable care in the creation of the programs and in loss control efforts. Participants and parents registering their child in Library District programs must recognize however, that there is a risk of injury when choosing to participate in Library District programs.

Please be advised that the Library District does not carry medical accident insurance for injuries sustained in its programs. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage.

I have carefully read this waiver on this form in its entirety and I understand that my signature is required below in order for my child to participate in Fremont Library District programs.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Participant/Child’s Name: _____