



# Accident Waiver & Release of Liability

**Please read carefully before signing.**

I desire to engage voluntarily in this program by the Scott County Public Library.

I understand that the activities in which I am choosing to take part in have the potential to cause injury due to the nature of this physical program, I hereby assume all of the risks associated with this program which include, but are not limited to, those caused by tripping, falling, or health situation triggered by physical activity.

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assign to:

1. Waive, release, and discharge from any and all liability to Scott County Public Library, its employees, students, agents, and volunteers for my death, disability, personal injury, or actions of any kind which may hereafter occur to me.
2. Indemnify and hold harmless Scott County Public Library employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in this program, I have freely signed this waiver on the date indicated:

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(Required if under 18 years of age)

Print Parent/Guardian Name \_\_\_\_\_