



DURHAM COUNTY  
Library

## Durham County Library Volunteer Assumption of the Risk and Waiver of All Claims

Activity: TAI CHI

I, \_\_\_\_\_, the undersigned participant, for and in consideration of participating in the “**Activity**” mentioned above at any Durham County Library, Durham, North Carolina, (hereinafter referred to as “**Activity**”), and other good and valuable consideration, does hereby and for its successors and assigns and any other person claiming by, under or through the undersigned release, waive, acquit and forever discharge the COUNTY OF DURHAM, its agents, servants, successors, employees, officers, and officials of and from any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which may hereafter accrue on account of or in any way growing out of or resulting from the aforesaid activity.

The undersigned hereby declares and represents that he/she has considered and understands the risks associated with participation in said activity, and agrees to assume those risks of injury, illness, death or disability. The undersigned further understands the liability associated with this activity and also agrees to assume any and all risks associated with this activity and also agrees to assume any and all risks associated with legal actions, which may be instituted against him/her for his/her actions.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this RELEASE AND WAIVER OF ALL CLAIMS AND ASSUMPTION OF RISK, contains the entire agreement between the parties hereto, and that the terms of this RELEASE AND WAIVER OF ALL CLAIMS AND ASSUMPTION OF RISK are contracted and not a mere recital.

**THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND WAIVER OF ALL CLAIMS AND ASSUMPTION OF RISK AND FULLY UNDERSTANDS IT.**

Signed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_



## Participation & Release Agreement

I wish to participate in the chair exercise program called HealthWise, sponsored by the Forsyth County Department of Public Health, the City of Winston-Salem Recreation and Parks and this community site. I understand and agree that by participating in the Program, I will be eligible for certain prizes and will obtain personal health benefits.

I understand and agree that participation in this Program is completely voluntary. If I am an employee of Forsyth County, I also understand and agree that my participation in the Program is not a requirement of my employment with Forsyth County.

I have consulted with my doctor before beginning this exercise program; I know my own target rate; I will participate only if I am physically and mentally fit to do so; and I will immediately stop participation if I do not feel well.

I understand that my participation in the Program, even if done properly, involves a risk of injury to me. By signing this Agreement, I acknowledge this risk of injury and I voluntarily assume this risk.

In consideration of my being permitted to participate in the HealthWise Program, I fully and unconditionally release Forsyth County, North Carolina, and the City of Winston-Salem Recreation and Parks from any claims resulting from or arising out of my participation in the Program and agree that I will not bring, or allow anyone to bring in my name, any claims against the County or the City of Winston-Salem.

I HAVE CAREFULLY READ THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Exercise Site (Name of Facility)

WAIVER FOR EXERCISE CLASS  
ON COUNTY PREMISES

**ACKNOWLEDGEMENT, WAIVER, RELEASE, AND  
ASSUMPTION OF RISK**

I request authorization for myself to participate in \_\_\_\_\_ Class on County premises. I acknowledge that participation by me is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

1. There is an inherent risk of injury in any physical exercise, wellness, or recreational activity.
2. My participation is voluntary in all aspects and I assume all risks of injury and illness that may result from such participation.
3. On behalf of myself, I fully release and discharge the County, its agents, its employees, facilitators and the exercise leaders ("Released Parties") from all liability, claims, and causes of action from injuries or illness, damages or loss which I may have, or which may accrue to me on account of participation in these activities. This is a complete and irrevocable release and waiver of liability. On behalf of myself, I specifically, and without limitation, release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties' negligence. On behalf of myself, I covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action.
4. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness, damages, or loss, including but not limited to attorney's fees, sustained by me arising out of, connected with, or in any way associated with my participation in these activities.
5. In the event of any emergency, I authorize Released Parties to secure from any licensed hospital, physician or any other medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.
6. I am on notice and am advised to consult with a physician before I undertake any physical exercise program. I certify that that I am in good health and sufficient physical condition to participate properly in fitness activities on Forsyth County premises.

I have read and fully understand this Acknowledgement, Waiver, Release, and Assumption of the Risk set forth above. I understand that my signed waiver will be retained by the County. This document is binding upon me, my heirs, children, wards, personal representatives, and anyone else entitled to act on my behalf.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
if participant is under 18



**PROGRAM TITLE**

Program Date

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

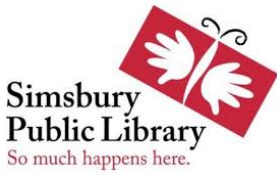
**LIABILITY RELEASE FORM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2017, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless the City of Altoona and Altoona Public Library, and any of its employees or agents representing or related to the City or the Committee as regards to the \_\_\_\_\_. This release is for any and all liability for personal injuries (including death), attorney fees and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all the rules and regulations promulgated by the City of Altoona and/or Altoona Public Library and/or its affiliate groups and vendors throughout the event.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Participant



*Innovators' Workshop*

**Minor Liability Waiver and Hold Harmless Agreement**

Parent or Legal Guardian

Individuals using the Innovators' Workshop are required to read the following information carefully and fully understand before participating in any activity or program. You agree that your child(ren) \_\_\_\_\_ are voluntarily participating with the knowledge of the risks in doing so.

I, \_\_\_\_\_, am fully aware that participation in the  
(Name of Parent/Guardian)  
Innovators' Workshop may result in risk of personal injury or harm to my child.

I hereby agree to release and hold harmless the Town of Simsbury, the Simsbury Public Library, their respective Boards of Directors, agencies, officers, employees, committees, and volunteers, from and against all liability, loss, damages, claims, or actions (including legal costs and attorney fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to his/her participation.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred or in connection with any such claim or proceeding brought thereon and in defense thereof.

In signing this release, indemnification and hold harmless form, I acknowledge that I have read and understand fully the foregoing agreement, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I hereby give permission to the Simsbury Public Library for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that I am fully competent and my child is in good physical condition, and have no medical or physical conditions that would restrict his/her participation in any program or activity.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
email Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Child/Minor's Name, Age

Please check one:

\_\_\_\_\_ Teen, age 12-17

\_\_\_\_\_ Child, under age 12, an adult must supervise a child under the age of 12



Search the Catalog

## Participation Waiver

This program will include a component of physical movement, exercise, or similar activity. You are welcome to attend this program without participating in any of the physical activities demonstrated.

If you choose to participate (rather than observe) in these physical activities you agree to the following:

- You are participating in a Health and Fitness Program or Workshop offered by the Deerfield Public Library during which you will receive information and instruction about health and fitness. You recognize that fitness programs require physical exertion and may cause physical injury and are fully aware of the risks and hazards involved.
- You understand that it is your responsibility to consult with a physician prior to and regarding participation in Health and Fitness Programs or Workshops. You represent and warrant that you are physically fit and have no medical conditions that would prevent you from your full participation in this program.
- You agree to assume full responsibility for any risks, injuries or damages, known or unknown, which you might incur as a result of participating in this program.
- You voluntarily waive any claim you might have against Deerfield Public Library for injury or damages you might sustain as a result of participating in this program.
- You and your heirs or legal representatives forever release, waive, discharge and covenant not to sue Deerfield Public Library for any injury or death caused by their negligence or other acts.

Rev. 6-9-10

<a href="#">Library Policies</a>
<a href="#">3D Printing Policy</a>
<a href="#">Board Game Lending Policy</a>
<a href="#">Bulletin Board Policy</a>
<a href="#">Circulation Policy</a>
<a href="#">Collection Development Policy</a>

## Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the **Roaming Readers Walking Club** program conducted by the **Eureka Public Library District**. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against the Eureka Public Library District for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release, waive, discharge, and covenant not to sue the Eureka Public Library District for any injury or death caused by their negligence or other acts.

I have read the above waiver and release liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature

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

Print Name: \_\_\_\_\_

## Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the **Sitting Fit: Chair Yoga** program conducted by the **Eureka Public Library District**. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against the Eureka Public Library District for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release, waive, discharge, and covenant not to sue the Eureka Public Library District for any injury or death caused by their negligence or other acts.

I have read the above waiver and release liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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

Print Name: \_\_\_\_\_





Cuyahoga County  
Public Library

# Release & Hold Harmless Agreement

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

Event/Activity: \_\_\_\_\_ Branch: \_\_\_\_\_

I agree (and/or for my minor child/children/or ward(s) named below) that in consideration for and as a condition of the right to participate in this activity, I shall forever release and hold Cuyahoga County Public 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 County Public Library 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 that products to be used in 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 County Public Library, its officers and employees, responsible for these risks.

This release and hold harmless agreement was voluntarily entered into by me on the date stated above.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Address

## Parental Permission:

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:

\_\_\_\_\_  
Child's Name Relationship to Child

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Address

**FOR STAFF USE ONLY:** Send a copy to Youth/Adult Services. Keep a copy for your records.

**Liability Release Form**

This release is for any and all liability for personal injuries and property losses or damage occasioned by, or in connection with, this CLASS event. The undersigned agrees to abide by all rules and regulations set forth by Salina Public Library and/or its affiliate groups and vendors throughout the CLASS activity.

In the event that the individual(s) registered in any CLASS sponsored program(s) is in need of treatment at any emergency room or medical care facility, the participant's instructor, or any employee of Salina Public Library and/or other sponsoring agencies, has my consent to authorize my treatment for the participant(s) by the doctor(s) of their choosing as the doctor(s) may deem necessary.

I, the undersigned, do hereby acknowledge that I have granted permission for me/my child to participate in any and all CLASS program(s) with full knowledge of the risks involved and I hereby agree to assume those risks and to hold Salina Public Library, other sponsoring agencies and all of their representatives free from liability for any injury, harm, or complication resulting from said participation in any and all program(s).

Furthermore, I do understand that accident insurance is not provided by Salina Public Library and/or other sponsoring agencies, and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by me and/or my child while participating in said program(s).

I also acknowledge that Salina Public Library may take photographs of me/my child while participating in CLASS activities and I grant permission for the library to use said photographs for the purpose of promoting and informing the community about CLASS activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child/Children's Names (please print)

**BLACKSTONE PUBLIC LIBRARY  
WALKATHON WAIVER AND RELEASE OF LIABILITY**

1. In recognition of the risk of injury while participating in the Blackstone Public Library's Walkathon (Event), and as consideration for the right to participate in the Event, I hereby for myself, my heirs, executors, administrators, assigns, or personal representatives knowingly and voluntarily enter into this waiver and release of liability (Agreement) and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Event, and do hereby release and forever discharge (Event) and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, business and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, the event site and its agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns and all sponsors and/or beneficiaries of the Event (collectively Hosts) from any and all liability, claims, demands, damages, actions, or causes of action now existing or which hereinafter may arise as a result of my participation in the Event, whether any injury is caused by the negligence of the Hosts, the negligence of myself or third parties, the conditions of the course or any other cause.
  
2. I agree to indemnify and hold harmless the Hosts against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorneys fees, if litigation arises on account of claims made by me or anyone on my behalf.
  
3. I attest that I am physically fit and have trained sufficiently for the Event, and that a licensed medical doctor has recently verified my physical condition. I will not knowingly push beyond my physical limits at any time during the Event.
  
4. I recognize that various photographs, video recordings, and other media will be taken during the Event. I agree to grant the Hosts full permission to use any photographs, video recordings, or other media of the Event that contain my likeness for the purpose of promoting the Blackstone Public Library or the Event, or for any purpose deemed appropriate by the organization.
  
5. For safety purposes, I agree to refrain from using headphones (and/or cellular phones) during the Event.
  
6. I acknowledge that this Agreement is the entire agreement between the Hosts and me, and that this Agreement cannot be modified or changed in any way by representations or statements of the Host or by me.
  
7. I hereby declare that I have read and fully understand this Agreement in its entirety and that, by signing below, I assent to all of the terms and conditions contained in this Agreement.

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/guardian if the participant is under 18 years of age)

# Cosplay Teen Nerf War Permission Slip

**Ages 13 to 18**

Grande Prairie Public Library

**This program has space for a maximum of 30 teens. Permission slips will be accepted on a first come first serve basis. All successfully registered participants will be contacted on September 14, 2017 to confirm their spot in the program.**

Teen's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please provide any information about your teen that might be helpful (allergies, medication, dietary needs).

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I give permission for my teen to attend the Cosplay Teen Nerf War program at the Grande Prairie Public Library on **Friday, September 15, 2017** from 5:45 pm to 9:00 pm. I understand that my teen will not be allowed to exit and re-enter the program, that latecomers will not be admitted, and that I must pick up my teen from the Library promptly at 9:00 pm.

While noise level rules will be more relaxed, standard rules of conduct still apply. I understand that if my teen is not behaving in a manner compliant with the Library's Rules of Conduct (see the back of this page), I may be contacted prior to the end time of 9:00 pm. I agree that if contacted to pick up my teen that I will come to the Library and take my teen home.

**I assert that my teen is between the ages of 13 and 18.** I agree not to hold the Grande Prairie Public Library responsible for any accidents or mishaps which may involve my teen. If my teen should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please return this permission slip to the **Teen Information Desk no later than 9:00 pm on Wednesday, September 13, 2017.**

**Questions?** Contact Alyssa at [abuck@gppl.ca](mailto:abuck@gppl.ca) or 780-357-7471.

## RULES OF CONDUCT

For the comfort and safety of all users and staff, please respect the following rules when in the Grande Prairie Public Library:

### **Animals**

- Only registered assistance animals are allowed in the library.

### **Cell phones**

- Cell phones, pagers, laptop computers, or other devices must be used in a manner that does not disturb others.

### **Clothing**

- Shirts and footwear must be worn.

### **Disruptive behavior and language**

- Behavior that interferes with any person's comfort and use of the library is not allowed.
- Threatening, abusive, harassing language or behavior toward staff or other users is not allowed.
- No person shall beg or sell services, goods or merchandise.
- No person shall distribute or post materials without permission from library staff.
- No person shall traffic in, consume, or appear to be under the influence of alcohol or illegal drugs and substances.

### **Food and drink**

- Only beverages with a lid are permitted.
- No food or drink is permitted in the Isabel Campbell Room or when operating the library's computer equipment.

### **Furniture use**

- Sleeping is not allowed.
- Feet must not be placed on the furniture.

### **Public Internet use**

- Use of the Internet for criminal activity is not allowed.

**Smoking** is not allowed.

### **Sports equipment**

- Bicycles are not allowed in the library.
- Other sports equipment (skateboards, inline skates etc.) must not be used inside the library.

### **Theft / Damage to property**

- Stealing, damaging, or vandalizing property of the library is prohibited by law. Cutting or removing pages or articles from books or magazines, hacking into or altering computer settings, and writing in library materials or on furniture or walls is not allowed.

### **Unattended children**

- Children 8 years and under must be supervised at all times by someone responsible for their safety and conduct.
- Children 9-11 years may use the Children's Library without direct supervision, but the person responsible for their safety and conduct must remain in the library during their visit.

Violation of any of the above rules may result in suspension or restriction of library privileges, including banning from library premises. Criminal offences may result in prosecution.