

Fossil Ridge Public Library District

Program Participant Waiver and Release of Liability

Participant Information:

- Name: _____
- Address: _____
- Phone: _____
- Email: _____

Program Information:

- Program Title: _____
- Program Date: _____
- Program Time: _____

Waiver and Release of Liability:

In consideration of being allowed to participate in the program at Fossil Ridge Public Library I, the undersigned participant (or parent/guardian if the participant is a minor), hereby agree to the following terms and conditions:

1. **Assumption of Risk:** I acknowledge and understand that my participation in the program may involve risks, including but not limited to personal injury, property damage, or loss. I voluntarily assume all risks associated with my participation in the program.
2. **Release of Liability:** I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and hold harmless Fossil Ridge Public Library, its officers, directors, employees, volunteers, and agents from any and all claims, liabilities, damages, or losses, including those arising from negligence, which I may suffer as a result of my participation in the program.
3. **Indemnification:** I agree to indemnify and hold harmless Fossil Ridge Public Library, its officers, directors, employees, volunteers, and agents from any and all claims, liabilities, damages, or losses, including attorney's fees, arising out of or in connection with my participation in the program.
4. **Medical Treatment:** I consent to receive medical treatment that may be deemed advisable in the event of injury, accident, or illness during my participation in the program. I understand that I am solely responsible for all costs related to such medical treatment, including transportation.
5. **Insurance:** I understand that Fossil Ridge Public Library does not provide any form of insurance coverage for my participation in the program. I am responsible for obtaining and maintaining my own insurance coverage if desired.

6. **Compliance with Policies:** I agree to comply with all applicable library policies, rules, and regulations while participating in the program. I understand that failure to comply may result in the termination of my participation and potential exclusion from future programs.
7. **Cancellation and Rescheduling Policy:** I acknowledge that any cancellations must be communicated to Fossil Ridge Public Library at least 24 hours in advance. If not, Fossil Ridge Public Library is not responsible for any rescheduling or refunds, although rescheduling is preferred. Cancellation is the last option. Rescheduling applies only to the presenter's illness, weather-related issues, or other uncontrollable circumstances.
8. **Publicity and Marketing:** I grant Fossil Ridge Public Library permission to use my name, likeness, and any photographs or recordings of the program for promotional and marketing purposes without compensation.
9. **Miscellaneous:** This waiver and release of liability shall be governed by and construed in accordance with the laws of the [State/Commonwealth] of Illinois. If any provision of this waiver and release is found to be unenforceable, the remaining provisions shall remain in full force and effect.

If the participant is a minor (under 18 years old):

I, the undersigned, am the parent or legal guardian of the minor participant listed below. I have read and understand this waiver and release of liability and voluntarily agree to its terms on behalf of the minor participant.

Minor Participant's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Participant's Signature (if over 18): _____ Date: _____

Library Representative's Signature: _____ Date: _____

Printed Name: _____

Title: _____

Library Name: _____