



RELEASE AND WAIVER OF LIABILITY

I, _____ (Print name here), attest that I have voluntarily requested my child _____ (Print child's name here) be allowed to participate in the following activity of the Carson Library on the following dates: March 29-31, 2021.

Activity: Think Bionics Camp

This is a bionics camp administered at no cost to the participant, parent, or guardian. The Library will have two staff members present for the date and duration of the camp. Participants must be checked in and out by the parent, guardian, or authorized person listed on this form no earlier than 8:30 a.m. and no later than 4:30 p.m. If participants have not been checked out by 4:30 p.m., Library staff will contact the parent, guardian, or authorized person listed on this form. If no arrangements can be made for pickup, the Sheriff will be notified.

I AM FULLY AWARE THAT THE ACTIVITY DESCRIBED ABOVE MAY BE HAZARDOUS AND MAY CAUSE SERIOUS INJURY OR EVEN DEATH. I EXPRESSLY ACKNOWLEDGE THAT I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE ABOVE-DESCRIBED ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED AND AGREE TO ASSUME ANY AND ALL RISK OF BODILY INJURY OR DEATH AND PROPERTY DAMAGE.

_____ [PARENT OR GUARDIAN INITIAL HERE]

In consideration for the permission granted by the Carson City Library to allow my child participate to in the above-described activity, I, for myself, my heirs, personal representatives or assigns, do agree to forever release and hold harmless the Carson City Library, and any of its officers, employees and agents from liability for any bodily injury to my child or for any damage to my child's personal property, whatever the cause, including, without limitation, negligent conduct.

I understand what while my child is a participant in the above described activity, he or she is under supervision of the Carson City Library and it is my responsibility to ensure my child agrees to abide by all posted, written, or verbally communicated rules and regulations administered by the Carson City Library staff or Carson City Library volunteers concerning this program. I understand that my child will be subjected to the appropriate disciplinary action for violations of these rules and regulations. I further acknowledge the fact that the Carson City Library does not provide accident insurance to its program participants.

I hereby agree to indemnify, defend and hold harmless the Carson City Library, its officers, employees and agents from any and all claims, demands, causes of action, procedures, costs, damages and liabilities, including without limitation, attorney's fees, arising from or relating to my conduct and to reimburse the Carson City Library as necessary and appropriate.

PHOTOGRAPH, VIDEO & AUDIO RELEASE

I grant to the Carson City Library, its representatives and employees the right to take photographs, video, and audio ("photos") of my child and my child's property in connection with this event, without payment or other consideration. I authorize the Carson City Library, its assigns, and transferees to copyright, use, and publish the same in print and electronically for an indefinite period of time. I understand that any photos will become the property of the Carson City Library to use as the Carson City Library sees fit.

Food Allergies: _____

Signature of Parent/Guardian

Date

Other Authorized Person (for pick-up only). If you are authorizing a person to pick up your child that is other than the parent or guardian listed on this form, you must list that person here (including other parents or guardians). Valid identification of the authorized person is required for pickup.

Name (as it appears on ID)

Phone Number

Relationship to Participant

ACKNOWLEDGEMENT OF UNDERSTANDING: *I have read every part of this Release and Waiver of Liability and I fully understand its terms and conditions. I further understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature for this document to be a complete and unconditional release of any and all liability to the greatest extent allowed by law.*

PARTICIPANT:

Signature

Date

Printed Name

PARENT OR GUARDIAN:

Signature

Date

Printed Name

Phone Number

Relationship to Minor