



Acknowledgment of Risk & Release

Participant's Contact Information

Printed Name _____

Signature _____

I am a minor

Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____

Work Phone _____

Email _____

Library Card Number _____

Emergency Contact

Printed Name _____

Relationship _____

Phone _____

Acknowledgment of Risk and Release

I, the undersigned, agree to the following:

1. I acknowledge that there are dangers and risks incurred as a result of participating in activities at Eaton Public Library Makerspace, and I knowingly assume all risk for any injuries, death, damage or loss to my person, including, but not limited to: falling down, tripping, bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts,

scrapes; choking; allergies; heat stroke, heat exhaustion, sunburn or other injuries; and/or any damage or loss sustained to my property.

2. I waive and relinquish all claims I may have as a result of my participation in activities at Eaton Public Library Makerspace and against the Town of Eaton and its officers, agents, servants and employees. Further, I agree to indemnify, defend and hold harmless the Eaton Public Library against claims by any person, firm, or corporation made pursuant to my participation in activities at Eaton Public Library Makerspace, including claims already made and claims that may be made in the future.
3. I agree to pay for any damage sustained to library property as a result of my participation in activities at Eaton Public Library Makerspace. Payment shall be made directly to the Eaton Public Library within thirty days of receipt of damage and I agree that I will be responsible for all costs associated with collection.
4. In the event of any emergency, I authorize Eaton Public Library staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for the payment of any and all medical services rendered.
5. I also give permission for media coverage of myself to be disseminated for public relations purposes without any personal compensation.
6. This Acknowledgement of Risk and Release is valid for a period of 5 years from the date executed below.

This acknowledgement of risk and release shall not be modified orally. A minor's signature must be accompanied by the signature of the parent or guardian. This form must be updated and renewed every 5 years.

Commented [AG1]: Add line for parent/guardian signature at bottom.

Acknowledgement Statement*

- I acknowledge and understand the Eaton Public Library risk and release terms.

Your Name*

Sign your full name here. This is acknowledging that you have fully read and understand the above information

Date _____