



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

Address

Signature

Printed Name

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