

## PARTICIPANT AGREEMENT AND WAIVER FORM

Program/Activity Inform	nation
Program/Activity Name Date(s) Location	
PARTICIPANT INFORMA	TION
Name	
Address	
Phone	
Date of Birth	
Caregiver Contact	
	, the parent or legal guardian of the Participant, (Name)
	, for the sole consideration, the sufficiency of which is hereby acknowledged, of the event or program described as Teen After Hours   Nerf Wars, do hereby agree to the rogram.
participation in the Progra Participation could include	sent to my child's participation in the Program. I hereby acknowledge my awareness that am may expose me/my child to risk of property damage, bodily or personal injury. e certain physical activities such as running, jumping, waving, leaping, walking. I that I/my child may encounter include, but are not limited to injury from falls, bumps,
bruises, cuts and abrasion	ns, muscle strains and sprains, and exposure to contagious diseases, as well as other risks
that may not be foreseeal	ble. I knowingly and freely assume any and all such risks.
In exchange for being allo	wed to participate in the Program, I hereby release and forever discharge and agree to
	Public Library, its members individually and their officers, agents and employees from any

or growing out of my participation in this activity whether caused by negligence or otherwise.

and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the Bridgeville Public Library, its members individually, and their officers, agents, and employees for any claim for damages arising



I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Bridgeville Public Library, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child.

Parent/Guardian Name	
Parent/Guardian Signature	