



WAIVER AND RELEASE OF ALL CLAIMS

Date _____
Year Month Day

Branch Library

Name of Program

I am participating in classes, offered by Pioneer Library Systems. I recognize that these classes may require physical exertion that may be strenuous and may cause physical injury, or may involve conditions or situation in which there may be risk of injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes.

In consideration of being permitted to participate in these classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

In further consideration of being permitted to participate in the classes, I knowingly, voluntarily, and expressly waive, defend, and hold harmless Pioneer Library System against any and all claims I may have against Pioneer Library System and its employees for any damage or injury I sustain (including death) arising from, in connection with, or in any way associated with the activities from these classes.

I have read this above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. For participants under age 18, parent or guardian must sign.

Participant's Signature _____ Date _____

Print Participant's Name _____

Participant's Email address _____

If participant is less than 18 years of age:

As a legal guardian of _____, I consent to the above terms and conditions.

Signature of Legal Guardian _____ Date _____

Print Name of Guardian _____

Under aged participant's birth date _____

And, the state in which born _____.

Email address of Guardian _____