

Harrison Public Library

Liability Release Form

Event: _____

Date(s) of event: _____

Name of participant (please print): _____

I hereby assume all of the risks of participating in this event. I certify the following:

- I am physically fit.
- I have not been advised by a qualified medical professional not to participate in this event.
- I have no health-related issues which prevent my participation in this event.
- I will make every effort to obey safety precautions communicated to me. I will ask for clarification when needed.

In exchange for allowing me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows.

I waive, release, and discharge the entities listed below from any and all liability--including but not limited to liability arising from the negligence or fault of the entities or persons released--for personal injury, disability, death, property damage, property theft, or actions of any kind which may hereafter occur to me. The entities are these:

1. The Harrison Public Library and/or its Trustees, officers, employees, representatives, agents, and volunteers; and
2. The Town/Village of Harrison, New York, and/or its Trustees, officers, employees, representatives, agents, and volunteers

Further, I agree to indemnify--and promise not to sue--the entities and/or persons mentioned above from any and all liabilities or claims made as a result of my participation in this event, whether caused by my negligence or otherwise.

I fully understand and agree to the above terms.

Signature of participant

Date

If participant is under 18, name (printed) and signature of parent/guardian

Date