

RELEASE AND HOLD HARMLESS AGREEMENT

Date:	Event / Activity:
condition of the right to participed Mayerthorpe Library Board, its of harmless from any and all claims (including but not limited to aller property, occurring as a result of	d/children/or ward(s) named below) that in consideration for and as a te in this activity, I shall forever release and hold the Town of ficers, employees, volunteers, and programming partner organizations for damages, costs, or expenses for personal injuries, loss, and/or death gic reactions, burns or poisoning) or for damage or loss of personal my participation, and/or the participation of my child/children/or ward(s) sociated with the above-named event/activity.
Town of Mayerthorpe Library Bobe used in this event/activity are may be dangerous and that produce adverse health effects in myself could result in personal injury, lo Town of Mayerthorpe Library Bo	of myself (and my minor child/children/or ward(s) named below), that the ard no way represents or warrants that the activities and the products to safe or healthful. I fully assume the risk that some or all of the activities ucts to be used in this event/activity may cause allergic reactions or othe and/or my minor child/children/or ward(s) named below), and that either is, (including death) or property damage and I will in no way hold the ard, its officers, employees and/or volunteers, responsible for these risks. Its officers was voluntarily entered into by me on the date stated above. In the date of the products to ward (s) named below), that the ard no way hold the ard its officers, employees and/or volunteers, responsible for these risks. It is officers was voluntarily entered into by me on the date stated above. In the date of the products to ward (s) named below), that the products to be used in the products to be us
Printed Name	Signature
Address	
Fill this portion out if you are prov	iding permission for your child(ren) to attend a program:
-	guardian (circle one) of the following minor child / children / or ward(s) ed event and that I am at least 18 years of age:
Name of Child or Children	
Parent/Guardian Name	Parent/Guardian Signature
Relationship to Child(ren)	Parent/Guardian Address