

ST. JOSEPH/MAUD PRESTON PALENSKE MEMORIAL LIBRARY
WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IDEMNITY AGREEMENT

1. I waive and release any right that I, my heirs, distribute, legal representatives and assigns (hereafter referred to as "Releasees") may have or acquire to make a claim against, sue, attach the property of, or prosecute the Library, or any of its members, volunteers, directors, officers, agents, employees and affiliated organizations, for monetary damages caused by injury to the participant or damage to the property of the Participant or myself arising from the Participant's participation in the activities and the use of the facilities, equipment and property of the Library, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the Releasees.
2. I agree to indemnify and hold the Releasees harmless from any loss, liability, damage or cost, including reasonable attorney fees, they may incur due to the Participant's participation in the activities and use of the property, equipment and facilities of the Library, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of the Releasees.

Photographic Consent: I hereby authorize the St. Joseph/Maud Preston Palenske Memorial Library to publish photographs taken of me and/or the undersigned minor child, and our names, for use in the St. Joseph/ Maud Preston Palenske Memorial Library printed publications and website.

I give permission for _____ (son/daughter's name)

to participate in the **NERF WAR program on Friday, June 23rd from 5:30-8:30PM**

During the event, I may be reached at _____ (phone/cell phone).

I understand that if my child engages in any inappropriate behavior I will be called and asked to pick him/her up immediately.

My Child will be picked up by _____ (adult/guardian) **at 8:30PM.**

Parent Signature: _____