



INFORMED CONSENT AND LIABILITY WAIVER RELEASE FORM FOR PARTICIPATION IN PROGRAMS

I agree and consent to the following for myself or my child: I/my child am/is voluntarily participating in programs conducted by the Barry-Lawrence Regional Library. (please initial each line and sign below)

_____ I acknowledge food served, shared, or otherwise present during Library programs and food has/may not have been prepared in a commercial food environment and/or with professional food handling standards. I know consuming food during library programs carries inherent risks that include but are not limited to health hazards resulting from improper transport, food handling, and storage.

_____ I assume any and all risks regarding the consumption of food during library programs or events, including adverse reactions or illness and release the Barry-Lawrence Regional Library and any of its branches, library staff, volunteers, or presenters from any and all liability associated with participation in the program including all adverse reactions due to the consumption of food consumed during my/my child's participation in library programs.

_____ I acknowledge and consent to the taking and use of my/my child's photos during program participation, and I recognize these images may be used in library promotions, social media posts, and media press releases. Specific accommodations can be made in writing to the Library with a Photo-Non-Consent Form (i.e. for foster children)

_____ I recognize that Library programs may require physical exertion that may be strenuous at times and may cause bodily injury or death, and I am fully aware of the risks and hazards involved and I understand that it is my responsibility to consult with a physician prior to and regarding my or my child's participation in Library programs.

_____ I represent and warrant that I/my child have/has no medical condition that would prevent my/my child's participation in the program, and I agree to assume full responsibility for any damage known or unknown which I/my child might incur as a result of participating in the program.

_____ I hereby agree to release and hold harmless the Barry-Lawrence Regional Library District, its officers, employees, volunteers, paid-presenters, and board members from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including, without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in the defense thereof. I have read the above waiver and release liability and full understand its contents. I give permission for emergency transportation and/or treatment for me/my child in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I voluntarily sign this informed consent and liability waiver and agree to the terms and conditions stated above.

Signature _____ Date _____

Print Name _____

Child's Name (If Applicable) _____ (Child = Age 17 and under)