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*100 E. Abriendo Avenue, Pueblo, CO 81004 – 719-562-5600 – www.pueblolibrary.org*

**PARTICIPANT WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to participate in the [describe program or activity] program sponsored by the Pueblo City-County Library District on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, recognize that the Pueblo City-County Library District has not undertaken any duty or responsibility for my safety and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the [program name]. I recognize that these risks include: [description of risks associated with the particular activity].

By my signature, I hereby state that I understand the risks involved in participating in the [describe program or activity; same as in paragraph one] and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the Pueblo City-County Library District and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

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| Signature |  | Printed Name |
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| Date |  |  |
|  |  |  |
| [Nonprofit] Representative Signature |  | Printed Name |
|  |  |  |
| Date |  |  |