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

**PHYSICAL ACTIVITY PARTICIPANT AGREEMENT AND WAIVER**

 The Pueblo City-County Library District (PCCLD) is sponsoring a physical activity program, (describe event such as “skate boarding, bounce-house, etc.) event on (insert date) at (insert library location). Participants will be invited to voluntary partake of this activity with the explicit understanding that the participant assumes the risks for injury associated with this activity. In addition, the participant agrees to release, indemnify, and discharge PCCLD of liability as follows:

1. I acknowledge that my participation in this event is voluntary and I elect to participate in spite of the known and unanticipated risks that could result in physical injury to myself or other participants including cuts, abrasions, bruises, sprains, fractures, paralysis, other serious injuries or even death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PCCLD from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity.
3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in this event, or else I agree to bear the costs of such injury or damage to myself.
4. I understand that the library will have a limited supply of protective gear available to participants on loan such as pads or helmets for this event. I understand that the library does not guarantee the availability, proper size or fit of protective gear for any participant and strongly recommends that participants wear their own protective gear during the event. I acknowledge that by choosing not to wear protective equipment I am greatly increasing my risk of injury.
5. I also declare that neither I nor my minor child and/or children, if applicable, are under the influence of any chemical substances including alcohol and/or drugs at the time of the signing of this Physical Activity Participant Agreement and Waiver, as well as at the time either I or my minor child and/or children participates in the PCCLD Program.

**By signing this document, I acknowledge that if I am injured, caused injury to another person or cause property damage during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PCCLD on the basis of any claim from which I have released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

**Print First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age\*\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If Under The Age Of 18, The Back If This Form Must Be Completed With A Parent Or Guardian Signature**.

**PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION – MUST BE COMPLETED FOR PARTICIPANTS UNDER THE AGE OF 18 BY A PARENT OR GUARDIAN ONLY.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the legal parent/guardian of the following minors, hereby grant permission to participate in this program or activity to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print minor’s name & Age), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print minor’s name & Age), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Print minor’s name & Age), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Print minor’s name & Age), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Print minor’s name & Age), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Print minor’s name & Age), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Print minor’s name & Age),

I further agree to indemnify and hold harmless PCCLD from any and all claims which are brought by, or on behalf of minor, and which are in any way connected with such use or participation by minor.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_