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

**FOOD PROGRAM PARTICIPANT AGREEMENT AND WAIVER**

 The Pueblo City-County Library District (PCCLD) is sponsoring a program, (insert program name) on (insert date) at (insert library location) that includes food or food preparation that is not prepared by a licensed retailer or vendor. Participants will be invited to voluntary partake in this activity with the explicit understanding that the participant assumes the risks for illness or 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 illness or injury to myself or other participants including cuts, bruises, burns, allergic reaction, vomiting, diarrhea, food poisoning, 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 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, illness, disability, death, and property damage as a result of participating in this program.
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 Maker Participant Agreement and Waiver, as well as at the time either I or my minor child and/or children participates in the PCCLD Maker Programs.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_