

Corvallis Public Library System Event Agreement Form

IMPORTANT INFORMATION

The City of Corvallis is committed to conducting its Library programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard.

Participants and parents registering their child in Library programs must recognize however, that there is an inherent risk of injury when choosing to participate in Library activities. The City of Corvallis continually strives to reduce risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety.

Therefore, each person participating in a Library activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the City of Corvallis automatically responsible for payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the City REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

I hereby certify that I am 18 years of age or older and/or I am the parent or legal guardian of the participant, who is under 18 years of age. I understand that any Library program has an inherent risk, and could result in death or injury to me or my child. I assume all risks as a result of participation in this program.

If I cannot be reached in an emergency situation, I hereby give permission to the Corvallis-Benton County Public Library system and their employees to arrange for transportation and/or emergency medical treatment if my child or I are seriously injured while participating in this program.

For myself, my heirs and assigns I agree to waive, release and forever discharge any claim for injury or damage, and hold harmless the City of Corvallis, its officers, agents and employees against any claim, loss, liability or expenses, including attorney's fees, resulting directly or indirectly from participation in this program.

Please read this form carefully and be aware in participating in the program you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program. I agree that I will be responsible for payment of any and all medical services required.

By typing my name on the online registration form, I acknowledge that:

- I (and/or my child) will abide by the Library Code of Conduct, as well as any rules presented by library staff during the event;
- I understand that, if my (or my child's) behavior is unacceptable, I will be asked to leave the event;
- The library is not liable for any risks taken/injuries incurred by participating in this event