



## LIABILITY WAIVER FORM

<p>Event/Activity: _____ Date: _____</p> <p>Name of Participant(s): _____</p>
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In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the Polk County Public Libraries, Polk County, the City of Saluda, and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the Organization and above-named parties. Parent or guardian must sign for anyone age 18 and under.

I **DO / DO NOT (circle one)** hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Participant: \_\_\_\_\_

Signature of Parent/Guardian (if participant is age 18 or under):

\_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_