Informed Consent and Liability Waiver Release for

Participation in Drop-Off Programs

I agree and consent to the following:

I am voluntarily participating in a Nederland Community Library Drop-Offprogram conducted by the **Nederland Community Library District**. I recognize that unforeseen circumstances and situations unknown to Nederland Community Library District may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. I knowingly, voluntarily, and expressly waive any claim I may have against the Nederland Community Library District for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release, waive, discharge, and covenant not to sue the Nederland Community Library District for any injury or death caused by their negligence or other acts.

I have read the above waiver and release liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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