Liability Statement
East Routt Library District
Bud Werner Memorial Library

DISCLOSURE, DISCLAIMER and WAIVER

I UNDERSTAND AND AGREE that participation in the_______________________________
(the “Activity”), and exposures connected with the Activity does involve risk and that I am cognizant of the
risks and dangers inherent with the Activity.

The Activity is described as the ____________________________________________________________
Sponsored by ___________________________________________________________(Organization)
which will be held on _________________________(Date)

AS LAWFUL CONSIDERATION for being permitted by East Routt Regional Library District (the
“District”) to participate in the Activity, I do hereby RELEASE FROM ANY LEGAL LIABILITY,
AGREE NOT TO SUE, CLAIM AGAINST, ATTACH THE PROPERTY OF OR PROSECUTE,
AND FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS the District and all of
its officers, directors, members, organizations, agents and employees for any damages, injury or death caused
by or resulting from participation in the activities described above, WHETHER OR NOT SUCH
DAMAGES, INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY
OTHER WILLFUL OR NON-WILLFUL CAUSE.

THIS IS A RELEASE OF LIABILITY. IF UNDER EIGHTEEN (18) YEARS OF AGE,
SIGNATURE OF PARENT OR GUARDIAN IS ALSO REQUIRED.

This Agreement, made in the State of Colorado, County of Routt, shall in all respects be governed in
accordance with the laws of the State of Colorado. Any action brought by either party to enforce any of the
terms or conditions of this Agreement shall be brought only in such county. Each party consents to the
jurisdiction and venue of the appropriate Court in such county.

IN WITNESS WHEREOF, we have hereunto set our hand on the dates indicated the last such date
governing the effective date of said Agreement.

_________________________________  ____________________________________
Signature of Participant – Date Signed   Print Name

_________________________________  ____________________________________
Title       Organization

_________________________________  ____________________________________
Signature of Parent – Date Signed
(If participant is under 18 years of age)

Office Use Only:
Accepted and Agreed : ___________________________ East Routt Library District, Bud Werner Memorial Library
Date Signed: ___________________________