

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: _____