



## Participant Release Form

Class/ Event: \_\_\_\_\_

HCLS Branch: \_\_\_\_\_ Date: \_\_\_\_\_

I, (full name) \_\_\_\_\_ wish to participate in the above noted class/event taking place at Howard County Library System (HCLS). I understand that HCLS assumes no responsibility for injuries and illness which may occur as a result of my participation in the above referenced class/event.

I expressly acknowledge that I assume the risk for any and all injuries, illness or personal property loss/damage that may result from my participation.

**Release from Liability.** I, my successors and assigns, agree to save and hold harmless HCLS and Howard County, MD, their officers, employees, and agents, from all cost, injury and damage incurred as a result of my participation in this class, and from any other injury or damage to any person or property whatsoever, resulting from my participation in this class.

I understand that this release and waiver includes any claims based on negligence, gross negligence, actions or inactions of Howard County Library System, its employees, contractors, agents and/or representatives.

I authorize any and all medical treatment that may be deemed necessary in case of medical emergency. I further understand that HCLS staff will call 911 in the event of an emergency.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release Form on my own behalf.

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

Tel: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_