



Repair Cafe Participant Release Form

Class/ Event: Repair Café

HCLS Branch: Savage Branch **Date:** August 31, 2024

[Please print]

I, (full name) _____ give permission for my child, _____, 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 child's participation in the Repair Cafe.

I expressly acknowledge that I assume the risk for any and all injuries, illness or personal property loss/damage that may result from my child's 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 child's 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 the parent or legal guardian of _____ and have the legal capacity to execute this Participant Release Form on my child's behalf.

Signature: _____ Date: _____

Tel: (h) _____ (c) _____

Email: _____