

General Participant Waiver

Acknowledgement and Waiver of Liability

West Custer County Library District

Name of Event/Activity:

As a participant in the above-named event or activity, I am doing so at my sole risk. Insurance coverage of any type is not provided by West Custer County Library District, Public Health Agency & Trails for All organization, its appointed boards, its employees, its agents or its assigns, regarding any injury, loss or liability that may arise through the participation in this activity.

Participants agree to release and hold harmless West Custer County Library District, Public Health Agency & Trails for All organization and its assignments from any loss, damage, injury or liability that may arise through or as a participant in the event.

I fully understand and agree that if I use any of my personal property while participating in this event or activity, West Custer County Library District, Public Health Agency, & Trails for All organization will not provide insurance coverage or be financially responsible should damage or loss occur.

By signing this Acknowledgment and Waiver of Liability, I agree to abide by all rules and regulations pertaining to this activity. I further agree and understand that West Custer County Library District, Public Health Agency, & Trails for All is not responsible for my actions and I release and absolve West Custer County Library District, Public Health Agency & Trails for All from any liability associated with this event.

As a parent, I give permission for my child(s) to participate in this event or activity. I understand that my child(s) is expected to follow all rules and regulations. I understand that my child may risk personal injury, or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risk involved in this activity, and that I assume any expenses that may be incurred in the event of accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Participant(s) Printed Name

Parent/guardian Signature

Date