Grand County Library District
Release Waiver

I,_____, understand the dangers and risks involved with participation in programs, events, and field trips with the Grand County Library District.

I hereby assume all risks and release, indemnify, waive, discharge, and covenant not to sue (both for myself and minor children or dependents of mine attending such activities), the Grand County Library District, its employees and assistants, from all liability to me of any loss, damage or personal injury or any such claims, to myself or my minor children or dependents present at such activities, whether or not caused totally or partially, by the negligence of the Grand County Library District or such persons while myself or my child or dependent is participating in such activities.

I further release all officials, supervisors, employees, and other agency personnel from any claim whatsoever, including negligence, on account of first aid treatment, or services rendered to me or my minor children or dependents during or after such described participation. This general release shall apply until revoked or canceled in writing by the person signing this waiver.

Authorization for Emergency Medical Care

I, _____, hereby give my permission to the Grand County Library District to contact a doctor for medical or surgical care for myself, my child, or dependent(s) listed below should an emergency arise. I agree to accept and pay the expenses of emergency medical treatment or care.

Dependent(s):

_____
_____
_____
_____

Date: _____

Signature: _____ Phone: _____

Participant or Parent/Guardian Participant or Parent/Guardian

Revised 1/25/23 CN