

Liability Waiver

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this activity or program.

I, _____, am fully aware that participation in the STEM Lab may result in risk of personal injury or harm.

I hereby agree to release and hold harmless the Great Neck Library, its Officers, employees, volunteers, Committees and Boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form, and that I voluntarily signed it. I further certify that I am in good physical condition, and have no medical or physical conditions that would restrict participation in this activity or program.

Name

Date

Address

E-mail address

Telephone #

Minor Liability Waiver

You are required to read the following information very carefully and make sure that you understand it fully and sign it before allowing your child to participate in this activity or program.

I, _____, am fully aware that participation in the STEM Lab may result in risk of personal injury or harm to my child.

I hereby agree to release and hold harmless the Great Neck Library, its Officers, employees, volunteers, Committees and Boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this release, indemnification and hold harmless form, and that I voluntarily signed it. I further certify that my child is in in good physical condition, and have no medical or physical conditions that would restrict participation in this activity or program.

Parent or Legal Guardian

Date

Address

E-mail address

Telephone #

Child/Minor's Name, Age

It is Library Policy that an adult accompany & supervise children under the age of 10.