Augusta-Richmond County Public Library System Event Liability Waiver and Release Hold Harmless Agreement

**Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undersigned hereby acknowledges participation in the Augusta-Richmond County Public Library System Therapy Dog program event on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand the purpose and benefit of this event and agree to obey all instructions and policies given by the coordinators/instructors/handlers/presenters, as well as the instructions given by the library staff and volunteers. I voluntarily agree to participate in this event and accept all risks in doing so.

In consideration of being allowed to participate in this event, I, myself, to include all relatives and representatives do hereby forever release, waive, discharge hold harmless and covenant not hold responsible the Augusta-Richmond County Public Library System, its Board of Trustees, employees, volunteers, and committees from and against and all judgments, orders, decrees, awards, costs, losses, damages, expenses(including attorney fees) and claims on the account of property damage or personal injury, whether by negligence of event host or otherwise, while I’m in any way participating in this described event.

I acknowledge that I have read and fully understand this release/liability waiver and hold harmless agreement. I expressly agree that this agreement shall be construed as broadly as permitted by the law of the State of Georgia, and that if any part hereof is declared invalid, the remainder shall remain in full force and effect.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian (for participants 18 years and younger)

Medical Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_