

# ASSUMPTION OF RISK AND WAIVER/RELEASE FORM FOR EVENT PARTICIPANTS

Name of Event: \_\_\_\_\_

I hereby acknowledge that I am participating in an instructional event which may test my physical and mental abilities and carries with it the potential for serious injury and/or property loss. I acknowledge that Broome County and the Broome County Public Library are merely providing the public room in which the event is occurring and that they are not sponsoring, endorsing or controlling the event and that they do not represent that the space will be suitable for this event. I hereby expressly assume all risk of injury, damage and loss and release the County of Broome and the Broome County Public Library from all liability and claims of whatever nature or cause which may occur as a result of my choice to participate in this event whether caused wholly or in part by the negligence, fault or other misconduct of Broome County or the Broome County Public Library.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if Participant is a Minor)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Date