



Pasco County Libraries System

Waiver and Permission Form for Program/Activity Participation (Minors 17 Years of Age or Younger)

Name of Program/Activity: _____

Event Host: Pasco County

IN CONSIDERATION OF YOUR MINOR CHILD OR WARD BEING PERMITTED TO PARTICIPATE IN THE PROGRAM/ACTIVITY REFERENCED ABOVE, YOU HEREBY ATTEST THAT, AFTER READING THIS PASCO COUNTY WAIVER AND PERMISSION FORM COMPLETELY AND CAREFULLY, YOU ACKNOWLEDGE THAT PARTICIPATION IN THE PROGRAM/ACTIVITY BY YOUR CHILD OR WARD IS ENTIRELY VOLUNTARY, AND THAT YOU UNDERSTAND AND AGREE AS FOLLOWS:

RELEASE OF LIABILITY: I agree, on behalf of my child or ward, to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") associated with all risks which are inherent to his or her participation in the Program and/or the activities specified above or other activities conducted in conjunction therewith (the "Program/Activity") (which risks might include, among other things, bruises, muscle injuries, herniated vertebral discs, cuts, lacerations and broken bones), whether such risks are open and obvious or otherwise. Further on behalf of myself, I hereby release, covenant not to sue, and forever discharge Pasco County, Pasco County Libraries Foundation, Inc., Friends of the Pasco County Libraries System, Inc., and the Pasco County Library Cooperative (hereinafter collectively referred to as "the Released Parties") of and from all Claims arising in any manner out of or in any way connected with my child's or ward's participation in the Program/Activity.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the Program/Activity and has the skill level required in conjunction with the Program/Activity, and I have not been advised otherwise. I agree that before my child or ward participates in any activity conducted in conjunction with the Program/Activity, I or my child or ward will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my child's or ward's attendance in connection with the Program/Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's or ward's behalf. Additionally, I authorize medical treatment for my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation, or liability arising out of the provision of, or failure to provide, medical treatment.

By signing below, I certify that: (1) I have fully and completely read and understand this Pasco County Waiver and Permission Form; (2) I am 18 years of age or older; (3) I am the parent or legal guardian of the minor child or ward identified below; (4) the information set forth below pertaining to my child or ward is true and complete; and (5) I consent and agree to the all of the foregoing on behalf of myself and my minor child or ward identified below.

Participant (child or ward) Information: Please

print

First Name: _____ M.I. _____ Last Name: _____

DOB: _____
(MM/DD/YYYY)

Signature of Parent or Court Appointed Guardian

Printed Name of Parent or Court Appointed Guardian

Emergency Phone Number: _____ Date: _____