

Pasco County Maker Space Program Liability Waiver and Permission Form

In consideration of you and/or your minor child or ward being permitted to participate in the **Maker Space Program** ("**Program**"), you hereby attest that, after reading this Pasco County Liability Waiver and Permission Form completely and carefully, you acknowledge that participation in the Program by you and/or your child or ward is entirely voluntary, and that you understand and agree as follows:

I agree, on behalf of myself and/or my child or ward, to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature (hereinafter collectively referred to as "**Claims**") associated with all risks which are inherent to my and/or my child or ward's participation in the Program which risks may include, among other things, cuts, lacerations, puncture wounds, burns, bruises, muscle injuries, broken bones, electrocution and death, whether such risks are open and obvious or otherwise. Further on behalf of myself and/or my child or ward, I hereby release, covenant not to sue, and forever discharge Pasco County ("**Released Party**") of and from all Claims arising in any manner out of or in any way connected with my and/or my child's or ward's participation in the Program.

I agree to indemnify and hold the Released Party identified herein, from and against any and all Claims arising out of or in any way connected with my and/or my child or ward's participation in the Program including, but not limited to, all attorneys' fees and costs, expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof up through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action or inaction of the Released Party and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after participation in the Program. I agree that I am not relying on the Pasco County to have arranged for, or carry, any insurance of any kind for my benefit or that of my child or ward relative to my and/or my child's or ward's participation in the activities and the Program, and that I am solely responsible for obtaining any mandatory or desired life, accident, property, or other insurance related to my and/or my child's or ward's participation in the Program, at my own expense.

I hereby certify that I and/or my child or ward is physically fit for participation in the Program and has/have the skill level required in conjunction with the Program, and I have not been advised otherwise. I agree that before me and/or my child or ward participates in any activity conducted in conjunction with the Program, I will inspect the related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my and/or my child's or ward's attendance in connection with the Program, 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 and/or my child's or ward's behalf. Additionally, I authorize medical treatment for me and/or my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Party shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS PROGRAM. YOU ARE AGREEING THAT, EVEN IF PASCO COUNTY USES REASONABLE CARE IN PROVIDING THIS PROGRAM, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS PROGRAM BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE PROGRAM WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING

UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PASCO COUNTY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE PROGRAM. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PASCO COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing below, I certify that: (1) I have fully and completely read and understand this Pasco County Liability 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, if applicable; (4) the information pertaining to me and my child or ward, if applicable, is true and complete; and (5) I consent and agree to the all of the foregoing on behalf of myself and/or my minor child or ward.

Signature of Adult Participant

Printed Name of Adult Participant

Signature of Parent or Legal Guardian

Date (MM/DD/YYYY)

Printed Name of Parent or Guardian

Printed Full Name of Minor Child or Ward

Emergency Contact Number (w/area code)

Minor Child's or Ward's Date of Birth (MM/DD/YYYY)

Library Card Number