

Innovation Studio Liability Waiver - Minor

PARENT OR LEGAL GUARDIAN: You are required to read the following information very carefully and make sure that you understand it fully. This waiver must be signed prior to allowing your child to participate in Innovation Studio programming or equipment/room use.

By signing this Waiver, I indicate that my minor understands the terms of this Innovation Studio Policy and agrees to abide by it when present in the space and using the equipment.

Name of Minor _____
Date

Parent or Legal Guardian (Print) Parent or Legal Guardian Signature

Address City State Zip

Phone Number Email Address

I, _____ am fully aware that participation in the Batesville Memorial Public Library Innovation Studio may result in risk of personal injury or harm. In consideration of being granted the opportunity to participate, I hereby agree to release and hold harmless the Batesville Memorial Public Library, its appointed boards, employees, volunteers, and committees, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney 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 or in connection with any such claim or proceeding brought thereon and in defense thereof.

I have read and understand this liability waiver, indemnification, and hold harmless form and I voluntarily sign it. I hereby give permission to the Batesville Memorial Public Library for emergency transportation and/or treatment in the event of illness or injury and this release extends to any liability arising in connection with such transportation and/or treatment.

Parent or Legal Guardian Signature _____
Date

Parent or Legal Guardian Name (Printed)

Name of Minor _____
Minor Age