

Denver Public Library
Express Assumption of Risk, Release & Liability Waiver, and Indemnity Agreement

PLEASE READ CAREFULLY BEFORE SIGNING AS IT AFFECTS YOUR LEGAL RIGHTS AND THE LEGAL RIGHTS OF YOUR MINOR CHILDREN

PROGRAM / EXCURSION / ACTIVITY	
Program:	Read with a Therapy Dog
Field trip to:	Not Applicable
Date of:	
Departure/Return Location:	Not Applicable
Departure Time:	Not Applicable
Return Time:	Not Applicable
Transportation provided by:	Not Applicable

Child's Name: _____ Child's Date of Birth: _____

Parent / Legal Guardian Name: _____

Participant's Name (if not a Child) _____ Date of Birth: _____

Participant or Parent / Legal Guardian Phone Number: _____

Participant or Parent / Legal Guardian Email Address: _____

Address: _____
(Street) (City) (State) (Zip Code)

List food allergies, medical conditions and/or physical limitations:

Initial _____. I hereby give permission for myself and/or my child (the "Participant") to participate in the program, excursion and/or activity identified above and to be transported to the location where the program, excursion and/or activity will occur and my consent to the provisions contained in this Release and Liability Waiver is given in consideration for

me and/or my child being permitted to participate.

Initial ____. I understand the specific nature of the program, excursion and/or activity identified above and have had the opportunity to have all questions about the excursion and/or activity answered to my satisfaction so I fully appreciate and understand the known and foreseeable risks, including, without limitation, bodily injury, illness, and/or death, and damage to property that participation may involve.

Initial ____. I recognize that participation in the program, excursion and/or activity identified above poses risks, including, without limitation, bodily injury, illness, and/or death, and damage to property even when well managed and supervised, and I agree to assume and accept such risk on behalf of the Participant and forever release and discharge and covenant not to sue the Denver Public Library and the City and County of Denver, their officers, appointees, agents, employees, and volunteers (“Released Parties”) from all claims which the Participant or I might have for any harm to the Participant, including, without limitation, bodily injury, illness, and/or death, and damage to property, arising out of participation in the program, excursion and/or activity or during related transportation, even if such injury, harm, or damage is caused by the negligence or carelessness of any of the Released Parties.

Initial ____. I agree to notify Denver Public Library staff of any medical conditions or physical limitations that may put Participant at greater risk of injury or death during or as a result of participation in the program, excursion and/or activity identified prior to such participation.

Initial ____. I agree to defend, indemnify, and hold the Released Parties harmless from any and all claims, demands, actions, and liability whatsoever, including any claims brought by third-parties seeking contribution, indemnification, reimbursement, subrogation, or payment for any claim, lien, or judgment recovered or asserted which is/are in any way arising out of or otherwise related to the program, excursion and/or activity identified above.

Initial ____. In the case of an accident, injury or illness, I authorize the Denver Public Library and/or Denver Public Library staff or volunteer and/or medical personnel to render first aid and obtain whatever medical treatment is deemed necessary for the Participant’s welfare. If emergency transportation is deemed necessary, I authorize an ambulance to be arranged to transport Participant to the hospital and agree that I will be fully responsible for any and all charges and fees incurred in the rendering of such treatment and transportation regardless of whether my medical insurance will cover such expenses.

Initial ____. I agree my child is permitted to leave the Denver Public Library property on their own upon the conclusion of the program, excursion and/or activity.

Initial ____. I acknowledge and agree that this Release and Liability Waiver, and the terms thereof, shall be binding on my child(ren), heirs, executors, administrators, insurers, successors, assigns, subrogees, legal representatives (“Releasing Parties”), and any and all other persons or entities which have or may have any claim which is/are in any way arising out of or otherwise related to the excursion and/or activity identified above.

Initial ____. I acknowledge and affirm that I have the legal authority to waive the Releasing Parties rights as provided herein.

I have fully and carefully read this Release and Liability Waiver, have had the opportunity to ask any questions related to the terms, understand the contents and effect including the substantial rights being waived, and voluntarily sign my name to give such legal effect upon my own free act:

Participant or Parent / Legal Guardian Signature: _____

Date: _____