**David A. Howe Library**

**ACTIVITY LIABILITY WAIVER**

1. By signing this Waiver, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent or guardian), give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(teen participant) to participate in NERF activities at the David A. Howe Library on February 26, 2025.

2. I understand that though the risk of this activity is low and safety measures are in place, there is a chance of sustaining injury during this activity.

3. I agree that David A. Howe Public Library will not be held responsible for any injury sustained during this activity.

4. I understand that this Waiver may be used for any legal and or financial purposes.

IN WITNESS WHEREOF, I have executed this Waiver as of the date signed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date