

McHenry Public Library District's Foam Party Waiver

Each individual participant or their parent or legal guardian, if under 18, must read and sign this release of liability prior to participating in McHenry Public Library District's Foam Party.

Time & Date: Tuesday, August 5 at 10:00 AM

Location: McHenry Public Library

In order to participate in **McHenry Public Library District's Foam Party**, I, the undersigned, agree and acknowledge that there is risk of injury from these activities and/or from the equipment involved.

I freely assume all known and unknown risks and accept full responsibility for my participation and that of my children's safety. I release and hold harmless the McHenry Public Library District and its staff from any and all liability for injury, disability, death, or loss or damage to personal property. I acknowledge that I have read this release of liability in its entirety and voluntarily assume all risk for without inducement.

Furthermore, if I or he/she/they are injured while attending an event that requires the attention of a physician, I hereby consent to and will be responsible for any medical treatment deemed necessary by a licensed physician. I agree to hold the licensed physician, the medical facility, McHenry Public Library District and its staff and representatives free and harmless from any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

Participant name (please print): _____

Participant signature (if 18 or older): _____ Date: _____

Emergency phone Number: _____

For Participants Under Age 18

I hereby certify that I am the parent or guardian with legal responsibility for the children listed on the next page and agree to his/her/their participation and release and hold harmless McHenry Public Library District and its staff from any and all liability for his/her/their injury, disability, death, loss or damage to personal property. I acknowledge that I have read this release of liability in its entirety and assume all risk for myself and any minor children and sign this release voluntarily and without inducement.

	First Name	Last Name	Birthdate
Participant # 1			
Participant # 2			
Participant # 3			
Participant # 4			

Parent / Guardian name (please print): _____

Parent / Guardian Signature: _____ Date: _____

Emergency phone Number: _____