RELEASE OF ALL CLAIMS, ASSUMPTION OF THE RISK, AND PERMISSION TO USE MY PHOTOGRAPH/LIKENESS

WHEREAS, I, the undersigned, with full and complete understanding of all risks and associated with [PROGRAM DESCRIPTION] offered by Prince William Public Libraries (PWPL), do hereby voluntarily assume full responsibility and all risk, chance and hazard for any and all personal and bodily injuries, and property damage that may result to me from my participation in [PROGRAM DESCRIPTION], and I assume all risks inherent to this activity.

I certify that I am physically capable of safely participating in the [PROGRAM DESCRIPTION], and I have taken all actions that I consider necessary to make this determination.

In consideration of being allowed to participate in the [PROGRAM DESCRIPTION], I hereby waive, release and forever discharge the Board of County Supervisors of Prince William County and the Library Board, and their officers, directors, employees, agents and volunteers (collectively the "County") from any and all claims, liabilities, losses, damages, expenses, actions and causes of action of every nature and kind arising out of or relating in any way to the activities offered during [PROGRAM DESCRIPTION].

I agree to indemnify and hold harmless the County from any and all personal and bodily injuries, death and property damage, including cost of investigation, reasonable attorney's fees and cost of appeals, arising out of any such claims or suits because of any acts or omissions by me.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I certify that I am over eighteen (18) years of age and am mentally competent. This Release and Assumption of Risk is binding on all my heirs, executors, administrators, next of kin and assigns, and all persons who may claim by or through me.

PARTICIPANT'S SIGNATURE: Print Name:		Date:
In the event that the participant is unde release must be signed by a parent or g	· ,	ears of age), then this
I hereby certify that I am the parent or		and do
hereby give my consent without reserve	ation to the foregoing on b	behalf of this individual.
Parent/Guardian Signature:	Relationship	to Minor:
Printed Name:	Date:	