



City of Glendora
116 E. Foothill Blvd.
Glendora, CA 91741

Glendora Public Library
140 S. Glendora Ave.
Glendora, CA 91741

**RELEASE, WAIVER OF LIABILITY, AND
ASSUMPTION OF THE RISK AGREEMENT FORM FOR ALL ACTIVITIES**

Read Carefully Before Signing-Signature of Participating/Registering Adult is Mandatory

The undersigned fully understand that my participation in Library-sponsored or -hosted activities exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or bodily condition or property damage caused by the direct or indirect transmission by any means of or exposure to an **INFECTIOUS AGENT** including, but not limited to, those arising out of coronavirus (COVID-19), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and any mutations arising from or relating there to. Infectious agent – means any bacteria, virus, toxin, parasite, organism, microorganism, or biological entity capable of causing a **COMMUNICABLE DISEASE** or exacerbating or accelerating an existing bodily condition or illness. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

I hereby release, discharge and agree not to sue City of Glendora for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the activity from whatever cause, including the active or passive negligence of City of Glendora or any other participants in the activity. The parties to this **AGREEMENT** understand that this document is not intended to release any party from any act or omission of “gross negligence,” as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the activity, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless City of Glendora from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Teen's Name: (“Participant”) _____ Age: _____

Name of Parent or Guardian: _____

Home phone: _____ Cell Phone: _____

Please provide any medical information about your teen that may be of concern (allergies, medications, dietary needs).

Signature of Parent or Guardian

Date