



Walkerton Lincoln Township Public Library
406 Adams Street
Walkerton, Indiana 46574
(574) 279-0177
Fax: (574) 279 -0546
Volunteer Release and Waiver of Liability

I understand that in the course of performing volunteer activities for the Walkerton Lincoln Township Public Library ("the Library"), there may be dangers, hazards, or risks of injury to which I or my minor child (if applicable) may be exposed. I agree to assume all risks for myself and my minor child (if applicable) including physical injury, illness, property loss, and economic harm that occurs as a result of or in the course of any activity I or my minor child performs for the Library, including risks that are unknown or not reasonably foreseeable. To the fullest extent permitted by law, I hereby now and forever release and fully discharge the Walkerton Lincoln Township Public Library, including but not limited to the Walkerton Lincoln Township Public Library Board members as well as the Library employees, from any and all claims or causes of action, including liability for physical injury, illness, or damage to personal property and other economic harm which may occur as a result of or in the course of any activity I or my minor child (if applicable) perform for or at the Library.

In the event of an accident or serious illness, I hereby authorize the Library to obtain medical treatment and transport for myself and my child (if applicable). I also hereby waive my right to receive informed consent prior to such transportation or treatment. To the fullest extent permitted by law, I hereby now and forever release and fully discharge the Walkerton Lincoln Township Public Library, including but not limited to the Indiana Library and Historical Board and the Library employees, from any and all claims or causes of action related to such medical treatment and transport. I agree to accept full responsibility for any and all expenses, including medical expenses and expenses related to medical transport, that may arise due to injury or illness to myself and my minor child (if applicable) occurring while at the Library.

I understand all the terms in this release and I agree that I am signing the release voluntarily. I agree that I had the right and opportunity to consult with legal counsel prior to signing this release. I understand and agree that my signature is intended to bind myself, my child (if applicable), and any applicable successors, heirs, representatives, administrators, and assigns of myself and my child (if applicable).

Printed Name

Signature

Date

Name of minor child (if applicable - only applies if minor child is volunteering):

Email to: Jennifercygert@walkerton.lib.in.us or
drop off at Walkerton Lincoln Twp. Public Library, 406 Adams St., Walkerton, IN 46574