

CONSENT, WAIVER, RELEASE, AND ASSUMPTION OF RISKS

I,, am responsible for myself, accompany me.	my child, family members, and any youth guests that may
By signing this waiver, I release, indemnify and hold harmless, the To or their successors and assigns, Mooresville Public Library (MPL), MF sponsors, and any observers or participants from any and all liability in any way related to my/my child's/my guests/my family's participants	PL staff and volunteers, any invited judges, vendors, , damage, claim of any nature whatsoever arising out of and
I recognize that I am solely responsible for any harm, injury, personal my/my child's/my family/my guest's participation in the Mooresville of Mooresville, it's officials, officers, employees, agents, or their successful and volunteers, any invited judges, vendors, sponsors, and any responsibility whatsoever for any harm, injury, personal injury, illness	e Public Library's <i>Color Walk</i> program. I agree that the Town cessors and assigns, Mooresville Public Library (MPL), MPL participants or observers do not assume any liability or
I recognized that by attending and/or participating in the Mooresvill <i>Reading Kick-Off</i> program is an activity that presents some risk of inj family's is primarily my responsibility, and not that of the Town of M successors and assigns, Mooresville Public Library (MPL), MPL staff a any observers or participants attending the <i>Color Walk</i> program.	jury and/or illness. I agree that my/my child's/my guest/my looresville, its officials, officers, employees, agents, or their
I also recognize that the Town of Mooresville, it's officials, officers, of Mooresville Public Library (MPL), MPL staff and volunteers, any invit participants assumes no liability whatsoever for personal injuries, in from my attendance and/or participation in this event.	ed judges, vendors, sponsors, and any observers or
The Participant agrees to abide by all safety guidelines and rules app	plicable to the event including library rules and requirements
Authorization is hereby given for medical treatment deemed necessarihe event.	ary by medical personnel should participant be injured durin
This consent, waiver, and release will be construed broadly to proviunder North Carolina or federal law.	ide a waiver and release to the maximum extent permissibl
I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS OSIGNED VOLUNTARILY. I AGREE THAT THIS DOCUMENT BINDING ON MY PERSONAL REPRESENTATIVES, EXEC	ENT IS NOT ONLY BINDING ON ME BUT IS ALSO
Signature of Participant/Parent/Guardian/Responsible Party:	
Printed Name(s) of Participants	Date signed
Emergency contact number:	