

**CITY OF HICKORY  
RELEASE AND WAIVER AGREEMENT**

**I the undersigned, wishing to participate in the City of Hickory’s Teen Snack Attack Program at Patrick Beaver Memorial Library with the permission of the City of Hickory (“City”) and knowing that there are certain risks and dangers involved related to this Activity, hereby agree that:**

1. I am aware of the risks and dangers associated with participation in and transportation to and from this Activity.
2. I agree that **City** and its agents, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on its behalf will not be legally responsible for any loss, injury, or damage resulting from any cause, including negligence.
3. I understand and agree that any equipment that I provide, I use at my own risk. I understand that the **City** shall not be liable for any damage or injury resulting from use of said equipment.
4. I understand and agree not to hold the **City** liable for any injury or loss that occurs during the Activity.
5. In consideration of being allowed to participate in this Activity, I personally assume all risks in connection with this Activity and I RELEASE, HOLD HARMLESS, and INDEMNIFY the **City** its agents, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on its behalf from any liability for death, injury, or other damage which may occur during this Activity or during transportation to or from this Activity whether foreseen or unforeseen, however caused and whether or not caused by negligence.
6. The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator, and all members of my family, including any minors accompanying me.
7. I am legally competent to sign this release or my parent or guardian has also read and signed this Release.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE OF LIABILITY IS A BINDING CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Participant is under the age of 18, Parent/Guardian consents to the minor’s participation in the event or class to seek reasonable and necessary medical treatment for Participants during such event or associated activities, and agrees to be responsible for any cost of such treatment.

---

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_