



Informed Consent and Liability Waiver Release  
For Participation in Program

I agree and consent to the following: I am voluntarily participating in the Haverstraw King's Daughters Public Library Walking Club / Hiking program. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the program.

I represent and warrant that I am physically able to participate in the program. I agree to assume full responsibility for any risks, injuries or damage known or unknown, which I might incur as a result of participating in the program.

I knowingly, voluntarily and expressly waive any claim I may have against the Haverstraw King's Daughters Public Library for injury or damages that I may sustain as a result of participating in the program. I also indemnify and hold harmless the Haverstraw King's Daughters Public Library and its Board, managers, employees and agents with regard to any and all claims arising from or out of my participation and involvement in the Walking Club/Hiking program.

I have read the above waiver and release liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name of program: \_\_\_\_\_

Date of program: \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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**MAIN LIBRARY**

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**VILLAGE BRANCH**

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