

## Charlotte County Makerspace Liability Waiver Form

In consideration for your and/or your minor child's use of Makerspace, you have read this Charlotte County Makerspace Liability Waiver Form completely and carefully, acknowledge usage of the Makerspace is entirely voluntary, and you understand and agree as follows:

I have read and agree to abide by the terms and conditions of use as outlined in the Makerspace Usage rules.

I acknowledge risks from usage may include, among other things, cuts, lacerations, puncture wounds, burns, bruises, muscle injuries, broken bones, and electrocution.

I agree to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature (hereinafter collectively referred to as "Claims") associated with all risks which are inherent to my and/or my child's usage of the Makerspace.

I understand and agree that this indemnity includes any Claims based on the negligence, action, (or inaction) of Charlotte County and covers bodily injury, property damage, and loss by theft or otherwise, related to the use of the Makerspace whether suffered by me or my child.

I agree that I am not relying on Charlotte County to have arranged for, or carry, any insurance of any kind for my benefit or that of my child relative to my and/or my child's participation in the activities at the Makerspace.

I hereby certify that I and/or my child is physically fit to use the Makerspace and has/have the skill level required in conjunction with use of the Makerspace, and I have not been advised otherwise.

I authorize any emergency first aid, transportation and/ or treatment deemed necessary by the attending medical personnel in connection with any injury sustained, illness, or medical conditions experienced during usage of the Makerspace. Any such measures shall be at my cost if the need arises. I acknowledge that Charlotte County shall have no duty, obligation, or liability arising out of the provision of, or failure to provide, medical treatment.

### NOTICE TO THE MINOR CHILD'S GUARDIAN(S)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CHARLOTTE COUNTY USES REASONABLE CARE IN PROVIDING THIS PROGRAM, THERE ARE CERTAIN DANGERS INHERENT IN THE PROGRAM WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CHARLOTTE COUNTY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE AN INHERENT IN THE USE OF THE

MAKERSPACE. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CHARLOTTE COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing below, I certify that: (1) I have fully and completely read and understand this Charlotte County Liability Waiver and Permission Form; (2) I am 18 years of age or older; (3) I am the parent or legal guardian of the minor child or ward; (4) The information pertaining to me and my child or ward is true and complete; and (5) I consent and agree to the all the foregoing on behalf of myself and/or my minor child.

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Signature of Parent or Legal Guardian Date (MM/DD/YY)

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Printed Name of Parent or Guardian

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Emergency Contact Number (w/area code)

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Printed Full Name of Minor Child

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Minor Child's Date of Birth (MM/DD/YY)

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Library Card #