



Memory Lab Waiver/Release

PLEASE CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY ("ACKNOWLEDGMENT, WAIVER, AND RELEASE") BEFORE SIGNING.

For, and in consideration of, use of the Memory Lab at the Anderson Public Library and participation in any activity related therewith, I knowingly and voluntarily agree to, and declare the following:

1. I acknowledge that my use of the Memory Lab and participation in related activities involve inherent risks to my personal property and to myself. I hereby expressly assume and accept all risks associated with my use of the Memory Lab and the equipment contained within. These risks may include, but is not limited to, property damage, loss of data, bodily injury, etc. I further understand that these risks may be foreseeable or unforeseeable and all such risks are understood and appreciated by me.
2. Understanding that my use of the Memory Lab and participation in related activities therewith, involve inherent risks, not limited to those specified above, I hereby waive, release, hold harmless, and forever discharge the Anderson Public Library, its trustees, directors, representatives, employees, agents, and volunteers from any and all claims, obligations, liabilities, causes of action, suits, damages, judgments, losses, demands, costs, and expenses of any kind associated with my use of the Memory Lab.

I hereby certify that I am eighteen (18) years or old; I have read this acknowledgement, waive, and release, and I understand its content; and if applicable, I am the parent or legal guardian with legal authority and capacity to sign and consent to this acknowledgement, waive, and release for the participating minor. (This waiver will only be accepted for a minor with a parent or legal guardian's signature.)

Print Name

Signature

Parent/Guardian Name (If Above is Under 18)

Signature

Library Card Number

Date

Address

Phone Number

Email Address