

PARTICIPANT WAIVER

Alice in Wonderland Party

Library 21C, January 21, 2020

Learn how to make delicious compound butter from scratch during this Alice in Wonderland-themed party.

Teens will learn to make their own butter and mix in spices to create a sweet spread.

I, the undersigned, voluntarily agree to allow my minor child to participate in the Alice in Wonderland Party sponsored by the Pikes Peak Library District on January 21, 2020 at Library 21C. By my signature, I acknowledge that I, the Undersigned, for myself and my minor child, do hereby recognize that the Library has not undertaken any duty or responsibility for my minor child's safety and the I, the undersigned, agrees to assume full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in Teens Eat: Sweet and Savory Spreads. The undersigned recognizes that these risks may include, but are not limited to: **cuts, burns, electric shock, food borne illness, food poisoning, and food allergies.**

By allowing my minor child to attend this event, I, the undersigned, acknowledge I and my child are in knowingly good health and that I assume all risks associated with any/all types of foods, food preparation, and kitchen equipment and tools.

By my signature, I, the undersigned, waive, release, and discharge, and covenant not to sue, the Pikes Peak Library District and its Trustees, officers, employees, volunteers, and other agents, including others who give recommendations, directions, or instructions as part of this Activity, for injury or losses sustained and liability incurred during my minor child's participation in the activity as described above.

By my signature, I hereby state that I understand the risks involved in my child's participation in making compound butter. By my signature, I hereby surrender any right for myself or my or my child's Releasors to seek reimbursement from Pikes Peak Library District and its Trustees, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Participant Name: _____ Age: _____

Parental Permission for those under 18:

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____