



PARTICIPANT WAIVER

Library Activity/Program
Tie Dye Cookie Decorating.

Boost your cookie decorating skills by using royal icing to create rainbow tie-dye cookie creations!

I, the undersigned, voluntarily agree to allow my minor child to participate in the Tie Dye Cookie Decorating program sponsored by the Pikes Peak Library District on 1/19/2023. 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 I, the Undersigned, agree to assume full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating the Tie Dye Cookie Decorating. 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 that I and my child are in knowingly good health and that I assume all risks associated with any/all types of food, food preparation, and kitchen equipment and tools.

By my signature, I hereby state that I understand the risks involved in my child's participation in Tie Dye Cookie Decorating, and willingly and voluntarily accept these risks. 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: (_____) _____ - _____

Staff Use Only
Patron Name _____

Date of Program _____