

Pearl River County Library System

Recreational Events Participation Waiver



Participant Information:

Name: _____

Parent/Guardian (if minor): _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Acknowledgment of Participation:

I, the undersigned participant (or parent/guardian if the participant is a minor), understand that recreational events hosted by the Pearl River County Library System (PRCLS) at any of its branch locations are designed to be enjoyable and engaging. I acknowledge that, like any recreational activity, there may be some risks, such as minor injuries, slips, falls, or outdoor exposure. I understand that the library and event organizers take appropriate measures to create a safe and positive environment for all participants.

Assumption of Responsibility and Release of Liability:

By choosing to participate (or allowing my child to participate) in these events, I accept personal responsibility for my (or my child's) safety and well-being. I agree to release and hold harmless the Pearl River County Library System, its staff, volunteers, and partners from any claims related to minor injuries or incidents that may occur during participation. I understand that every effort is made to ensure a safe and welcoming experience for all attendees.

Medical Assistance:

Should medical attention be needed; I authorize the event organizers to seek appropriate care if I (or my child) require it. I understand that any medical expenses incurred will be my responsibility.

Agreement and Signature:

I have read this waiver, understand its contents, and agree to participate (or allow my child to participate) in recreational events hosted by the Pearl River County Library System with an understanding of the designated guidelines.

Participant Signature

Date

Parent/Guardian Signature (if minor)

Date