

**North Lake County Public Library District (Polson Library)  
Makerspace Liability Waiver**

I acknowledge that all tools and equipment that I use while participating in the Polson Library Makerspace activities and programs have been received in good condition and will be returned in the same condition. \_\_\_\_\_ **(initial)**

I understand that I am solely responsible for the proper use and safety of the equipment I use while participating in the Polson Library Makerspace activities and programs. \_\_\_\_\_ **(initial)**

I expressly assume all the risks that exist while participating in the Polson Library Makerspace activities and programs. I am fully aware that participating in the Polson Library Makerspace activities and programs may result in risk of personal injury or harm to myself or others. I assume all liability for injuries to persons, including myself, or damages to the equipment. \_\_\_\_\_ **(initial)**

I agree to assume all financial responsibility for any equipment damages that occurs from my handling or use of the equipment. I also assume all financial responsibility if I lose or misplace any equipment that I use while participating in the Polson Library Makerspace activities and programs. \_\_\_\_\_ **(initial)**

I agree to indemnify and hold harmless the North Lake County Public Library District, the North Lake County Public Library District Board of Trustees, Lake County, and all its agents, representatives, officers, employees, and volunteers from any and all claims, demands, actions, fees and costs (including attorney's fees and the costs and fees of expert witnesses and consultants), losses, expenses, liabilities (including liability where activity is inherently or intrinsically dangerous) or damages as a result of my participation in the Polson Library Makerspace activities and programs. \_\_\_\_\_ **(initial)**

**Name of Participant:** \_\_\_\_\_

**Signature of Participant or Parent/Legal Guardian (if a minor):** \_\_\_\_\_

**Name of Parent/Legal Guardian (if a minor):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**If a minor, age of minor:** \_\_\_\_\_

**Library Card Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Write your name in sharpie in this space:**

**Staff Use Only:**

**Staff member initial** \_\_\_\_\_ **Date** \_\_\_\_\_