



# STUDIO 775

A MINI-MAKERSPACE

## Lafayette Public Library Acknowledgement of Risk and Release

775 W. Baseline Road, Lafayette, CO 80026; Telephone: 303-665-5200

Name (first, last): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Library Card #: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

*Name*

*Relationship*

*Phone*

I, the undersigned, agree to the following:

1. I acknowledge that there are dangers and risks incurred as a result of my participation in the Makerspace Program activities offered by the City of Lafayette Library ("Library") and knowingly and voluntarily assume all risk for any injuries, death, damage or loss, resulting or arising from my participation in the Library's Makerspace activities.
2. I also waive and release from liability the City of Lafayette including its officers, agents, and employees for all claims and causes of action arising from or related to my participation in the Library's Makerspace activities. Further, I agree to indemnify, defend and hold harmless the City of Lafayette including its officers, agents and employees from any and all claims and causes of action arising from or related to my participation in the Library's Makerspace activities.
3. I agree to pay for any loss or damage sustained to City property as a result of my participation in the Library's Makerspace activities. Payment shall be made directly to the City of Lafayette, in full within thirty days of receipt of the City's demand for payment and I agree that I will be responsible for all costs of collection.
4. This Acknowledgement of Risk and Release is valid for a period of five (5) years from the date executed below.

I have read this Acknowledgement of Risk and Release in its entirety and understand its content. A minor's signature must be accompanied by the signature of the parent or guardian and all parties acknowledge that waiver on behalf of a minor is limited to negligent acts and omissions.

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

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

**If a minor: Age:** \_\_\_\_\_

\_\_\_\_\_  
**Name of guardian (printed)**

\_\_\_\_\_  
**Guardian Signature**