

Performance Waivers must be received no later than Saturday, November 30, 2019

EACH PARTICIPANT MUST SUBMIT THIS WAIVER FORM PRIOR TO PERFORMING ON STAGE

Mad Skillz Talent Competition

INDIVIDUAL PERFORMANCE AGREEMENT & PARTICIPANT WAIVER FORM

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY LIBRARY SYSTEM PROGRAMS/ACTIVITIES

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Library System program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Library System programs/activities. I recognize and acknowledge that there may be certain risks involved in participating in library programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County and its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

I hereby grant permission for myself or my child to be photographed or recorded in connection with any Lee County Library System promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures, and other programs shown to the general public.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for me, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

By signing below, I agree to all Official Rules and I have read and fully understand the Participant Waiver Form, warning of risk, assumption of risk, and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.

(Print clearly) Participant Name: _____

Participant Member Name: _____ Age: _____

Address: _____ City, State Zip: _____

Phone: _____ Birthdate: _____

Guardian Name: _____ Guardian Signature : _____

A copy of a driver's license or photo ID with proof of birth date must accompany this form to serve as proof of age. Send this form and proof of age to Fax 239-485-1100 or email amcwilliam@leegov.com Questions call Amy Jane McWilliam at 239-533-4808 or text 239-839-4380