



**Informed Consent
and
Liability Waiver Release**

Minor Participant

I hereby certify that I, as a parent or guardian with legal responsibility for each participant under the age of 18, identified below (each a "Minor Participant"), consent to his/her participation in the Bowling Party conducted by **Bossard Memorial Library** at Skyline Lanes, Gallipolis, Ohio on July 25, 2019.

I understand and acknowledge that I am fully aware that bowling is an inherently risky activity, each Minor Participant's participation is voluntary, and each Minor Participant is qualified, in good health, and in proper physical condition to participate therein.

I further acknowledge and understand that Minor Participant(s) will be engaging in activities that involve the risk of serious injury (including death), which may result from each one's participation, and/or the action, inaction, and/or negligence of other parties. I further understand and agree that this activity may involve risks not known to me or to the Minor Participant(s), or that are not reasonably foreseeable to me or to Minor Participant(s).

Knowing the risks described above, I agree, personally and on behalf of the Minor Participant(s) named below, to assume full responsibility for any risks, injuries (including death), damages, or loss, known or unknown surrounding the Minor Participant(s) participation in the bowling party and use of the lanes, shoes, and balls.

In consideration for Minor Participant(s) being permitted to participate in the bowling party, I, on behalf of Minor Participant(s), knowingly, voluntarily, and expressly waive any claim I and/or Minor Participant(s) may have against the **Bossard Memorial Library** for injury, damages, loss, or death that may be sustained as a result of participating in the bowling party.

Further, on behalf of the Minor Participant(s) listed below, I, my heirs, executors, administrators, and personal representatives forever release, waive, discharge, and covenant not to sue the **Bossard Memorial Library** for any injury, damages, loss, or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Ohio.

MINOR PARTICIPANT(S)

(1) _____ DOB _____

Relation to Minor Participant _____

(2) _____ DOB _____

Relation to Minor Participant _____

(3) _____ DOB _____

Relation to Minor Participant _____

(4) _____ DOB _____

Relation to Minor Participant _____

(5) _____ DOB _____

Relation to Minor Participant _____

(6) _____ DOB _____

Relation to Minor Participant _____

Parent/Legal Guardian Printed Name: _____

Parent /Legal Guardian Signature: _____

Date: _____