



FunFest Volunteer Waiver

Release and Waiver of Claims: I hereby agree to hold harmless the Adams County Library System from any and all actions, claims or demands in the event of theft, damage or injury including legal fees during or in conjunction with this event.

Volunteer Name (please print)_____

Signature_____Date_____

Emergency Contact Name_____

Emergency Contact Phone_____

If volunteer is under the age of 18, a Parent or Guardian signature is required.

Parent/Guardian Name (please print)_____

Signature_____Date_____