

# SCOTT TOWNSHIP PUBLIC LIBRARY

## Consent and Release Waiver

**Program:** Run/Walk Club

**Date(s) of Program:** September 18 through November 13, 2025  
Every Other Thursday @ 6 PM

**Description of Program:** Lace up with fellow readers, runners, and walkers! Meet at the library for a community-paced run or walk around scenic Scott Park. All levels are welcome in this friendly and supportive group. This program is intended for adults and teens ages 16 and up. Registration required. Walk-ups are welcome, and all participants must sign a waiver before participating. Please bring your own water bottle and wear comfortable shoes.

*Disclaimer:*

*This program is hosted by Library staff and is not intended to provide health and wellness advice. By participating in Run/Walk activities, you acknowledge and agree to the following:*

*Assumption of Risk: Running/walking, and participation in group running/walking activities, carries inherent risks, including but not limited to falls, contact with other participants, weather conditions, traffic, uneven terrain, and potential injuries or death.*

*Personal Responsibility: You are solely responsible for your own safety and well-being while participating in running/walking activities. You understand that it is your responsibility to assess your fitness level and consult with a medical professional if you have any concerns about your ability to participate safely.*

*Waiver of Liability: You agree to release and waive any claims against Scott Township Public Library, its organizers, volunteers, and affiliates for any injury, loss, or damage you may sustain during or as a result of your participation.*

I, the undersigned, am voluntarily participating in this Scott Library program.

Because this Program involves physical activity, **I confirm that either my doctor feels that it is an appropriate activity for me, or that I have decided to participate without my doctor's approval, and that I assume responsibility for participation without such approval.** I understand that it is my responsibility to stop any activity if I feel that it is not safe for me.

By signing below, I assume all risk and responsibility for any and all accidents, injuries, illnesses, and conditions of any kind that may occur because of my participation in this Program. By signing below, I hereby waive and release, on behalf of myself and my heirs, executors, administrators, and assigns, Scott Township Public Library, its trustees, employees, volunteers, and agents with respect to any and all claims, suits, losses, damages, judgments, costs or

expenses arising in any manner from my participation in this Program, or any resulting illness, injury, or condition; and I agree to indemnify, defend, and hold harmless all of the foregoing from and against any and all such claims.

**By signing below, I acknowledge that I have read the foregoing and that I hereby consent to participate in this Program. Note that if a participant is a minor, the parent or guardian must sign this Form.**

Participant (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Age, if Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Optional:**

By signing below, I also permit the use of my name or photograph in publicity concerning this Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_