## THE HIVE Liability Waiver - Adult

E-mail Address	 Telephone #
Address	
Name	Date
sign it and hereby give permission to the Hillsborough County Government to fathe The event of illness or injury. I hereby a The transportation and/or treatment. I fur	se, indemnification and hold harmless form. I voluntarily the Tampa-Hillsborough County Public Library and acilitate emergency transportation and/or treatment in accept responsibility for the payment of any emergency ther certify that I am in good physical condition and have would restrict my participation in activities or programs in
Hereby agree to release and hold harmless the Tampa-Hillsborough County Public Library and Hillsborough County Government, its officers, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law.  This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney fees and court costs), expenses and liabilities incurred in, or in connection with any such claim or proceeding brought thereon and in defense thereof.	
l,	, am fully aware that participation in
participating in this activity or program	