

**THE HIVE**  
**Liability Waiver - Minor**

**Parent or Legal Guardian:** You are required to read the following information very carefully and make sure that you understand it fully and sign it before allowing your child to participate in this activity or program.

I, \_\_\_\_\_, am fully aware that participation in

**Name of parent/guardian**

Hive activities or programs at the Tampa-Hillsborough County Public Library may result in risk of personal injury or harm to my child. I 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's 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.

I have read and understand this release, indemnification and hold harmless form. I voluntarily sign it and hereby give permission to the Tampa-Hillsborough County Public Library and Hillsborough County Government to facilitate emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that my child is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in activities or programs in The Hive.

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**Parent or Legal Guardian Name**

**Date**

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**Address**

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**E-mail Address**

**Telephone #**

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**Child/Minor's Name**

**Age**

**Please check one:**

**Teen, age 12-17**

**Child, under age 12 – An adult must accompany & supervise children under the age of 12 in The Hive.**