THE HIVE Liability Waiver - Adult

E-mail Address	Telephone #
Address	
Name	Date
sign it and hereby give permission to the Hillsborough County Government to fact the event of illness or injury. I hereby ac transportation and/or treatment. I furth	indemnification and hold harmless form. I voluntarily to Tampa-Hillsborough County Public Library and ilitate emergency transportation and/or treatment in cept responsibility for the payment of any emergency er certify that I am in good physical condition and have rould restrict my participation in activities or programs in
(including without limitation, reasonable	agreement shall include indemnity against all costs e attorney fees and court costs), expenses and liabilities ich claim or proceeding brought thereon and in defense
Hillsborough County Government, its of from and against any and all liability, los	less the Tampa-Hillsborough County Public Library and ficers, employees, volunteers, committees and boards, s, damages, claims, or actions (including costs and roperty damage, to the extent permissible by law.
Name Hive activities at the Tampa-Hillsboroug injury or harm.	h County Public Library may result in risk of personal