



CITY OF CERRITOS

WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

A waiver is required to participate in a scheduled library tour at the Cerritos Library

School/Organization: _____

Date of Tour: _____

Supervising Administrator/Teacher: _____

Grade Levels/Class/Age Levels: _____

Number of Individuals: _____

I, _____ (FULL NAME), as the authorized representative of the above-named school/organization, fully understand that the individuals listed below participating in the Cerritos Library tour expose themselves to the risk of personal injury, communicable diseases, death, illnesses, viruses, or personal property damage. I hereby acknowledge that the individuals are voluntarily participating in this library tour and agree to assume any such risks on behalf of all listed participants.

I hereby release, discharge and agree not to sue the City of Cerritos for any injury, death or damage to or loss of personal property arising out of, or in connection with, the individuals' participation in the library tour from whatever cause, including the active or passive negligence of the City of Cerritos or any other participants in the library tour. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in a library tour, I hereby agree, for myself and on behalf of the school/organization and all listed individuals, their parents, heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Cerritos from any and all claims, demands actions or suits arising out of or in connection with the individuals' participation in the library tour.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL AS AN AUTHORIZED REPRESENTATIVE OF THE SCHOOL/ORGANIZATION.

I CERTIFY THAT I AM AUTHORIZED BY THE SCHOOL/ORGANIZATION TO SIGN THIS WAIVER ON BEHALF OF ALL LISTED INDIVIDUALS AND THAT PROPER PARENTAL PERMISSION HAS BEEN OBTAINED FOR THIS LIBRARY TOUR.

Date

Printed Name

Signature of Authorized School/Organization Representative

Title

School/Organization

Phone Number

Email

TOUR PARTICIPANT LIST
(Limited to 45 participants per tour)

	Full Name	Grade (if applicable)
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FOR OFFICE USE ONLY

Tour Conducted By: _____

Date: _____