

Be sure to include your photo release and liability waiver.

Learn more about Summer Reading at www.cccld.org

First Name		Last Name		
Library Card number*				
Email				
Phone				
School	Carlson Elementary SchoolGeorgetown Community SchKing-Murphy Elementary Sch	_		
Grade		Age		
Library		Idaho Springs Public LibraryJohn Tomay Memorial Library		
Program		 Pippinhoot (early learning – 2nd grade) Featherfayre (3rd grade – 5th grade) Emberclaw (6th grade – 12th grade) Adult 		
Parent/Guardian Information if under 12				
First Nam	ie			
Last Name				
Email		Phone		
* This can be the child's or the parent's library card.				
Need a	Need a library card? Visit www.cccld.org, email hello@cccld.org, or call 303-567-2020.			



Summer Reading 2025



CLEAR CREEK COUNTY LIBRARY DISTRICT PUBLIC-PARTICIPATION PROGRAM LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

The undersigned person (the "Participant") is participating in the following event or program (the "Program") being provided by the Clear Creek County Library District:

The participant acknowledges that participation in the program may involve certain risks, including potential property damage or personal injury or death.

Having been made aware of said risks, Participant voluntarily and knowingly acknowledges and accepts said risks. By signing this agreement, Participant hereby releases, waives, and discharges Clear Creek County Library District and its directors, officers, board members, agents, employees, and affiliates from liability for any and all damages resulting from Participant's participation in the Program, with such potential damages including but not limited to claims for property loss or injury to Participant's person, or even death.

By signing this agreement, Participant hereby agrees to hold harmless, defend, and indemnify Clear Creek County Library District from any and all liability, claims, demands, causes of action, loss, damage, and expenses (including attorney's fees and costs) arising from participation in the program, including claims that are known or unknown, foreseen or unforeseen, future or contingent.

This Release of Liability and Hold Harmless Agreement shall be binding upon Participant, and Participant's legal representatives, heirs, successors, and assigns.

Signature of Participant or Parent/Guardian	
(Parent or Guardian must sign if Participant is unde	er age 18)
Printed name	 Date



PHOTO/MEDIA RELEASE FORM

I hereby grant permission to Clear Creek County Library District to use photographs and/or video taken of and/or by me in publications, news releases, online, and in other communications related to the mission of Clear Creek County Library District.

Signature of adult, or of guardian of children under the age of 18
Name of Adult
Name(s) of child(ren), if applicable
Address
Phone

Email Address (optional)