

**WAIVER AND RELEASE OF LIABILITY FORM FOR
LIBRARY PROGRAM: HENNA ACTIVITY**

As a condition of my participation in voluntary activities at the Fort Bend County Library, I RELEASE FROM LIABILITY and WAIVE THE RIGHT TO SUE Fort Bend County, Texas, its employees, officers, volunteers, and agents (collectively "County") from any and all claims, including resulting from any physical injury, illness, or economic loss that I may suffer due to participation in this Activity.

I choose to voluntarily participate in this Activity and understand that there are risks, such as physical injury, pain, suffering, temporary or permanent disability, which may occur from participation in this Activity. These injuries or outcomes may arise from my or others' actions, negligence, inactions, or from the condition of the Activity location. Additionally, I have been specifically advised that this activity involves the use of Henna dye, which while not permanent, is meant to stain the skin, and will permanently stain furniture or any articles of clothing Henna paste comes into contact with. Henna is expected to fade in one to three weeks; depending on body chemistry, pigmentation, and length of time left on the skin. While rare, it is possible that some people will have an allergic reaction to Henna paste. NONETHELESS, I AGREE THAT I ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN TO ME.

If I require medical treatment, County is authorized to obtain medical treatment for me. I agree not to hold County responsible for any claims resulting from any medical treatment.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. It understand the legal consequences of signing this document, including (a) releasing County from all liability, (b) waiver of my right to sue County, and (c) assumption of all risks of participating in this Activity.

I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **WAIVER AND RELEASE OF LIABILITY** and that I sign it of my own free will. In the event that the below named participant is a minor, I certify that I am the parent or legal guardian of the participant and have agreed to the terms described herein on behalf of my minor child.]

I understand that a photocopy of this authorization is as valid as the original.

Signature of Participant or parent: _____

DOB: _____ Date: _____

Printed Name of Participant or parent: _____