



**IDEA BOX USER HOLD HARMLESS, WAIVER OF LIABILITY,  
ASSUMPTION OF RISK AND INDEMNIFICATION OF THE CITY OF MANITOWOC**

In consideration for being granted permission to utilize the Manitowoc Public Library’s Idea Box, I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the activities to which I will be exposed as an Idea Box user, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding my use of the Idea Box, and further, I do for myself, my child, my heirs, and personal representative(s) hereby agree to defend, hold harmless, indemnify, release and forever discharge the City of Manitowoc, its affiliated, officers, officials, departments, committees, employees, agents, representatives, successors, assigns and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of my use, including but not limited to damage to personal property, personal injury, or death which may result. I further understand that any costs incurred for medical treatment or illness or injury resulting from participation shall be my sole responsibility.

I, the undersigned, agree and intend that this Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement extends to all acts or otherwise and is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin in which the activities are being conducted and that if any portion thereof is held to be invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

**I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTEND BY MY SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**IDEA BOX USER CONTACT INFORMATION**

Cell phone: \_\_\_\_\_

Do you receive text messages? Yes No

Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you check this regularly? Yes No

Street address: \_\_\_\_\_

City/Zip \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name