



Liability Waiver

I, _____, am fully aware that participation in idea lab activities and programs may result in risk of personal injury or harm to myself. I hereby agree to release and hold harmless the Martin County Board of County Commissioners, its officers, employees, volunteers, and committees, from and against any and all liability, loss, damages, claims or actions (including attorney's fees and court costs) for bodily injury and/or property damage, to the extent permissible by law.

I understand I shall be financially responsible for any equipment damages resulting from negligent, reckless, or wrongful use.

This indemnification and hold harmless agreement shall include indemnity against all costs (including, without limitation, attorney's fees and court costs), expenses and liabilities incurred in connection with any such claim or proceeding brought thereon and in defense thereof, or other claims brought by third parties (including other participating patrons) if related to my actions.

Phone	Date of Birth	Sex: F M
Email Address		
Mailing Address		
City	State	Zip
Signature of Participant	Date	



Under the age of 18 Liability Waiver

Parent or Legal Guardian

I, _____, (parent/legal guardian) am fully aware that participation in idea lab activities and programs may result in risk of personal injury or harm to a minor child. I hereby agree to release and hold harmless the Martin County Board of County Commissioners its officers, employees, volunteers, and committees from and against any and all liability, loss, damages, claims or actions (including attorney's fees and court costs) for bodily injury and/or property damage, to the extent permissible by law.

I understand that I am accepting financial responsibility for any equipment damages resulting from negligent, reckless, or wrongful use by participant.

This indemnification and hold harmless agreement shall include indemnity against all costs (including, without limitation, attorney's fees and court costs), expenses and liabilities incurred in connection with any such claim or proceeding brought thereon and in defense thereof, or other claims brought by third parties (including other participating patrons) if related to participant's actions.

Name of Child		Date of Birth
Phone	Email Address	
Email Address		
Mailing Address		
City	State	Zip
Signature of Parent/Guardian		Date

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