## Swampscott Public Library Maker Space

## Liability Waiver

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this activity or program.  I,			
		I have read and understand this liability waiver, indem sign it. I hereby give permission to the Swampscott Pul treatment in the event of illness or injury and this release with such transportation and/or treatment. I hereby as emergency transportation and/or treatment. I further have no medical or physical conditions that would rest	blic Library for emergency transportation and/or ase extends to any liability arising in connection ccept responsibility for the payment of any certify that I am in good physical condition, and
		Name	Date
Address			
E-mail	Phone Number		
Name of Emergency Contact	Phone Number		

Signature\*

<sup>\*</sup>By signing, I also agree to any and all material costs associated with projects I create while utilizing the space.