

93 Main Street, PO Box 280 | Ellington, CT 06029 | 860.870.3160

**LIBRARY OF THINGS WAIVER AND INDEMNIFICATION FORM**

The items (Things) in our Library of Things collection are for use by library patrons with a valid Connecticut public library card, in good standing.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), state that I will use the Things I am borrowing in a safe and proper manner.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), do hereby for myself, on behalf of my successors and assigns, in consideration of being permitted to borrow Things, waive any and all claims against Hall Memorial Library and the Town of Ellington, its officers, agents, and employees for any injury or injuries of any nature that I may suffer or incur in the use of the items that I am borrowing from Hall Memorial Library.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), hereby for myself, on behalf of my successors and assigns, in consideration of being permitted to borrow Things, agree to release, indemnify and hold harmless Hall Memorial Library and the Town of Ellington, its officers, agents, and employees from any and all liability, loss, claims, and demands, actions or causes of action for the death or injury to any persons and for any property damage suffered or incurred by any person which arises or may arise or be occasioned in any way from the use of Things that I borrow from Hall Memorial Library. I am aware that Hall Memorial Library and the Town of Ellington, its partners, directors, officers, members, and employees claim no expertise and make no representation concerning the fitness of any item for any particular use.

I affirm that I have read and fully understand the Library of Things Borrower’s Agreement & Use Policy of Hall Memorial Library and I understand that failure to comply with any of these rules may result in revocation of my borrowing privileges and/or legal action against me. I have read and understand this Waiver and Indemnification Form, relinquishing any and all claims against Hall Memorial Library and the Town of Ellington, its officers, agents, and employees.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_/\_\_/\_\_\_\_\_\_\_\_\_\_

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Library Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature is valid for one year

Form created April 27, 2022