

WAVIER OF LIABILITY

The _____ display at the Cochrane Public Library begins on _____ (Date) and ends _____ (Date).

WAIVER: We/I, _____ hereby agree to release, discharge and hold harmless the Cochrane Public Library, its trustees, employees, contractors, volunteers and/or members/visitors from any and all liability or damage that may occur to our/my display items while on display at the Cochrane Public Library. We understand that displaying of these items may involve risks and we/I understand that the Cochrane Public Library does not provided insurance for displayer's items in their facility.

The displayer are/is responsible to display and subsequently remove their items at the end of the agreed-upon display period.

Name of the organization displaying or displayer:

Address:

Phone:

Insurance policy carrier and policy number:

Signature:

Date: