

**SPRINGFIELD CITY LIBRARY  
PARENTAL/GUARDIAN PERMISSION FOR VOLUNTEERS  
18 YEARS OF AGE AND UNDER**

**RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I/We, (Name(s) of Parent(s) or Legal guardian(s))

\_\_\_\_\_, and \_\_\_\_\_ and

I, (Name of child/minor) \_\_\_\_\_, hereby RELEASE AND DISCHARGE, AGREE TO HOLD HARMLESS, AGREE TO PROVIDE THE DEFENSE OF, AGREE TO INDEMNIFY AND AGREE TO REIMBURSE, the City of Springfield, the City of Springfield Library and their employees, agents, servants, contractors, attorneys, insurers and officials (collectively, the "City") from any and all liabilities, claims, lawsuits, demands, actions and causes of action of every name and nature which I now have or might have upon or against the City, or which are brought, may be brought or threatened against the City, for personal injury, wrongful death, property damage and any loss, damage or expense whatsoever arising out of, relating to or resulting from participation as a:

\_\_\_\_\_ (Library Volunteer Title).

Signed: \_\_\_\_\_  
(Child/Minor's Parent or Legal Guardian Signature)

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_  
(Witness Signature)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Child/Minor's Parent or Legal Guardian Signature)

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_  
(Witness Signature)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Child/Minor's Signature)

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_  
(Witness Signature)

Date: \_\_\_\_\_