



Audio Amble Waiver, Release, and Permission Form

I acknowledge that my participation in the Audio Amble involves a risk of injury and I assume all risks associated with participating in this event. The physical hazards inherent in this event include, but are not limited to, falls, fatigue, muscle soreness, physical discomfort, pull or strained muscles, other adverse reactions or falling, and the effects of weather, including high heat and/or humidity. I certify that I have no health or medical conditions that would/should prevent my participation, and that I am medically able to participate in this event.

Having read this waiver, I hereby waive and release Milton Public Library, the City of Milton, and all event sponsors and their representatives from all claims or liabilities for injury or damages incurred by my participation in this event. I also grant permission to Milton Public Library to use photographs, motion pictures or recordings of me, or any other record of my participation in this event, for any legitimate purpose.

Participant Name: _____ Date: _____

Participant Signature: _____

Parent/Guardian Signature (if under 18):
