

ALTADENA LIBRARY DISTRICT  
MAIN LIBRARY – SELF-SERVICE EXTENDED ACCESS PROGRAM

PARTICIPANT'S:  
**RELEASE OF LIABILITY & INDEMNITY AGREEMENT**

1. **Voluntary Participation.** I, \_\_\_\_\_, acknowledge that I have voluntarily applied with the Altadena Library District ("ALD") to participate in "Self-Service Extended Access," the Self-Service Program offered at the Main Library, located at 600 E Mariposa Drive, Altadena, CA ("Library")
2. **Activities and Location Description.** I understand and agree that ALD's Self-Service Program enables me to enter the Library and access the Library's books and other materials, Wi-Fi, computer equipment, and other services during hours in which ALD staff are not present inside the building or on site. I also understand and agree that while I am inside the Library:
  - i. Other Library users may be there or I may be alone.
  - ii. Video cameras will be operating and recording me. To protect Library users' privacy, ALD staff will not be monitoring the cameras.
  - iii. If an emergency situation develops, including a life-threatening one, or if I need help, I will have to use my own cell phone to call library staff at 626-798-0833 ext. 198 or dial 911.
3. **Risks General Description.** My entering and using the Library has risks that include, but are not limited to: slipping or falling; colliding with people, objects, or the Library facility; encountering people not authorized to enter or use the Library; my experiencing an assault, battery, or other crime; falling books, materials, computer equipment, or other objects; equipment failure or malfunction; electrical shock or electrocution; damage to my computer, tablet, notebook, other electronic equipment, or software; theft of my personal belongings; cold or hot temperatures inside the building; fire, flooding, or building collapse; exposure to mold or allergens; cuts or scrapes; pain or soreness; broken bones; exposure to COVID-19, the highly infectious disease caused by the "coronavirus," which can occur when people are in close contact with one another and when people touch contaminated surfaces/objects; mild, moderate, or severe illness from COVID-19; permanent disability; or death.
4. **My Acknowledgements and Representations.** I understand and acknowledge that if I believe at any time that the Library is not safe, appropriate, or suitable for me— or if I believe that I may be injured— I will not enter or use the Library, or I will immediately leave the Library. I represent that I am: (1) in good physical condition and emotional health; (2) not suffering from any condition, disease, or disability that can hinder or endanger my entering and using the Library through the Self-Service Program; (3) qualified to participate in the Self-Service Program; and (4) capable of entering and using the Library without accommodation. **PLEASE INITIAL: \_\_\_\_\_.**
5. **My Acceptance of All Risks.** **I AM AWARE THAT ENTERING AND USING THE LIBRARY CAN BE DANGEROUS, AND HAVE A RISK OF SERIOUS INJURY OR DEATH. I AM FULLY AWARE THAT I AM VOLUNTARILY PARTICIPATING IN THE SELF-SERVICE PROGRAM, AND VOLUNTARILY ENTERING AND USING THE LIBRARY THROUGH THE SELF-SERVICE PROGRAM, WITH MY KNOWLEDGE OF THE INHERENT RISKS AND HAZARDS INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE. PLEASE INITIAL: \_\_\_\_\_.**
6. **My Release of Liability.** **AS LAWFUL CONSIDERATION** for the ALD's permitting me to participate in the Self-Service Program, and to enter and use the Library, **I HEREBY AGREE** that I, my child(ren), my heirs, distributees, guardians, legal representatives, and assigns **WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE** ALD, its officers, agents, employees, or volunteers for injury, death, or damage arising out of the negligence, intentional, or other acts, howsoever caused, by ALD or by any officer, agent, employee, or volunteer of ALD, as a result of my participating in the Self-Service Program, and my and/or my child(ren)'s entering and using the Library through the Self-Service Program.
7. **My Obligation Concerning Indemnity.** In addition, **I HEREBY RELEASE, DISCHARGE, AND AGREE TO "INDEMNIFY" (TO COMPENSATE AND TO DEFEND)** the ALD, its officers, agents, employees, or volunteers from and against **ALL ACTIONS, CLAIMS, OR DEMANDS** that I, my child(ren), my heirs, distributees, guardians, legal representatives, or assigns now have, or may later have from today, for injury, death, or damage arising out of participating in the Self-Service Program, and my and/or my child(ren)'s entering and using the Library through the Self-Service Program.
8. **Knowing and Voluntary Release of Liability.** **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY BETWEEN THE CITY AND ME, AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THIS AGREEMENT AND RELEASE OF LIABILITY WILL REMAIN IN EFFECT AT ALL TIMES WHILE I PARTICIPATE IN THE SELF-SERVICE PROGRAM AND ENTER AND USE THE LIBRARY THROUGH THE SELF-SERVICE PROGRAM.**

By my signature below, I certify that I am eighteen (18) years of age or older.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

