**Liability Release Template**

This Release and Waiver of Liability (the “release”) executed on the \_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Subcontractor”) release the Uncle Remus Regional Library System (“URRLS”) and each of its successors, assigns, libraries, directors, officers, employees, agents and Subcontractors. Now therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

The Subcontractor desires to provide services to URRLS and engage in activities related to such service.

Subcontractor understands that he/she is responsible for his/her own insurance coverage in the event of personal injury or illness because of services provided to URRLS.

1. Waiver and Release: I, the Subcontractor, for myself and my heirs, executors, administrators and assigns, hereby release, waive, discharge and hold harmless, URRLS and its successors, assigns, libraries, directors, officers, employees and agents from all liability, claim and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to URRLS. I understand and acknowledge that this Release discharges URRLS from any liability or claim that I may have against URRLS with respect to bodily injury, personal injury, illness, death, property damage, or any other claim that may result from the services I provide to URRLS or occurring while I am providing services.

2. Insurance: Further, I understand that URRLS does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, workers compensation, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of URRLS beyond what may be offered freely by URRLS in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby release and forever discharge URRLS from any claim whatsoever which arises or may hereafter arise because any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Subcontractor with URRLS.

4. Assumption of Risk: I understand that the services I provide to URRLS may include activities that may be hazardous. As a Subcontractor, I hereby expressly assume risk of injury or harm from these activities and release URRLS from all liability.

5. Other: As a Subcontractor, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Date