

**Library Trip  
Waiver & Release Form**

Trip Title: **New York Botanical Garden Holiday Train Show**

Date: **Thursday, November 20, 2025**

In consideration of my acceptance as a participant in the cited Library sponsored activity, I agree not to sue or hold liable the Library for any personal injuries or loss or damage to property sustained by me resulting from my participation during the course of the trip. I release and discharge the Comsewogue Public Library, its Director, Trustees, Officers, Agents and Employees from liability of any kind, including their negligence or the negligence of others, which results in personal injury or loss or damage to me or my property. I expressly waive any right I, or my estate, may have to assert claims, demands or actions on the matter of any anticipated or unanticipated damages, costs or expenses sustained as a result of injury or loss. Furthermore, while the Library aims to give all participants the best possible experience, I acknowledge that neither the Library nor the Library Coordinator is responsible for delays or inconveniences caused by circumstances beyond their control.

Furthermore, I am fully aware that there are time restrictions involved on trips set forth by the Library and the tour companies. I understand that it is my responsibility to be at any and all designated areas at the time stated by the Library Coordinator or his/her designee. Failure to do so will be my sole responsibility and may result in the necessity of securing my own transportation to return to the trip origin point at no cost or responsibility to the library.

Furthermore, I attest that both myself and my guest are at least fourteen years of age or older, and I am fully aware that participants under the age of eighteen must be accompanied by an adult.

Print Name: \_\_\_\_\_

\*If you are a **guest**, please list Comsewogue cardholder's name: \_\_\_\_\_

Signature \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**In the event of illness, injury or emergency, please supply the following contact information.**

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_