**Liability Waiver (ADULT)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, choose to participate in the Chair Yoga

 (*Name*)

activity at the Lander Memorial Library. Access to this virtual activity will be provided by Ellie Lane from the Cooperative Extension program at Clemson University and an employee of the Anderson County Library. I understand that the employee of Anderson County Library System is not an instructor, merely a facilitator of the activity.

I agree to indemnify and to hold the Anderson County Library System, its employees and agents harmless from any and all claims and liability for any illness or injury arising out of or in any way related to my participation in this event. I also agree to indemnify and to hold the Clemson Cooperative Extension program, its employees and agents harmless from any and all claims and liability for any illness or injury arising out of or in any way related to my participation in this event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

