

Freeport Public Library

Homebound Delivery Service



Application for Homebound Services—WAIVER

Personal Information

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Waiver of Liability and Indemnity Agreement

I certify that the above information is correct and complete to the best of my knowledge, without material omission of any kind. I acknowledge that by completing this application, the Freeport Public Library (FPL) is not obligated to offer me homebound services. I understand that homebound services may be provided through volunteers or by employees of FPL.

If FPL agrees to provide homebound services, I, as the recipient of such services ("Recipient"), on behalf of myself, my estate and the personal representation thereof, my heirs and assigns, hereby release, hold harmless, defend and indemnify FPL and its trustees, officers, agents, employees, successors and assigns from any and all costs, claims, losses, liabilities or damages of any kind or nature, either in law or in equity, which arise or may hereafter arise from FPL's provision of homebound services or any act or omission of any person providing homebound services.

I understand and acknowledge that this Waiver of Liability and Indemnity Agreement discharges FPL from any liability or claim that I, the Recipient, may have against FPL or any of its trustees, officers, agents, employees, successors and assigns with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my receipt of homebound services or from any act or omission of any person providing homebound services, whether caused by negligence, strict liability in tort, or any other theory of recovery. I covenant and agree to make no claim, nor to institute any suit, action or proceeding against FPL or any of its trustees, officers, agents, employees, successors and assigns relating to any accident, incident or occurrence arising out of, or in connection with, my receipt of homebound services.

Signature: _____

Date: _____