

# CONSENT AND WAIVER OF LIABILITY



Attendee's Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Library Location of Participation: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ [Home] \_\_\_\_\_ [Cell]

Emergency Contact [other than parent]: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I give permission for [name: \_\_\_\_\_] to walk home. YES \_\_\_\_\_ NO \_\_\_\_\_

Name of adult[s] who may pick up attendee[s]: *Please list a minimum of 2.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List allergies, medications, medical conditions, etc. that DPLS should be aware of:  
\_\_\_\_\_

## MEDIA RELEASE

I give Defiance Public Library System permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the DPLS with respect to copyright ownership and publication, including any claim for compensation to use of all materials.

Circle your response.

YES

NO

## IN CASE OF MEDICAL EMERGENCY

I give permission for the supervising adults at Defiance Public Library to contact 911 for medical assistance for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I and/or the Emergency Contact will be notified immediately via the contact information designated above if an emergency arises.

## SIGNATURE

I have read both documents and agree to abide by any and all stipulations. DPLS is henceforth released from any liabilities.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to your DPLS library or email a scanned copy to [prellstab@defiancelibrary.org](mailto:prellstab@defiancelibrary.org) no later than **Monday, July 24, 2017**. Attendee will not be registered until the *Consent and Waiver of Liability* has been returned and signed by both parent/guardian and the participant.



Defiance Public Library  
320 Fort Street  
Defiance OH 43512  
419.782.1456

Johnson Memorial Library  
116 West High St.  
Hicksville, OH 43526  
419.542.6200

Sherwood Branch Library  
117 North Harrison St.  
Sherwood, OH 43556  
419.899.4343

[www.defiancelibrary.org](http://www.defiancelibrary.org)  
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