## **CONSENT AND WAIVER OF LIABILITY**



Attendee's Name:
Address:_ Phone Number: [Home] [Cell Emergency Contact [other than parent]: Relationship: Bergency Contact Phone Number: ] to walk home. YES NO
Address:_ Phone Number: [Home] [Cell Emergency Contact [other than parent]: Relationship: Bergency Contact Phone Number: ] to walk home. YES NO
Phone Number:
Emergency Contact [other than parent]:
Emergency Contact Phone Number:  I give permission for [name:
I give permission for [name:] to walk home. YESNO
Name of adult[s] who may pick up attendee[s]: Please list a minimum of 2.  Name:
Name:
Name:
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 likene image of my child. I release all claims against the DPLS with respect to copyright ownership and publicat 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 Johnson Memorial Library to contact 911 for medical assis for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I
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 likener image of my child. I release all claims against the DPLS with respect to copyright ownership and publicat 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 Johnson Memorial Library to contact 911 for medical assis for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I
I give Defiance Public Library System permission to publish in print, electronic, or video format the likened image of my child. I release all claims against the DPLS with respect to copyright ownership and publicat 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 Johnson Memorial Library to contact 911 for medical assis for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I
image of my child. I release all claims against the DPLS with respect to copyright ownership and publicat 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 Johnson Memorial Library to contact 911 for medical assis for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I
I give permission for the supervising adults at Johnson Memorial Library to contact 911 for medical assis for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I
for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I
emergency arises.
SIGNATURE
I have read both documents and agree to abide by any and all stipulations. DPLS is henceforth released tany liabilities.
Participant Signature: Date:
Parent/Guardian Signature: Date:

Return this form to your DPLS library or email a scanned copy to 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.



320 Fort Street Defiance OH 43512 419.782.1456

116 West High St. Hicksville, OH 43526 419.542.6200

Defiance Public Library Johnson Memorial Library Sherwood Branch Library 117 North Harrison St. Sherwood, OH 43556 419.899.4343

www.defiancelibrary.org www.dplsteenscene.weebly.com