

Forsyth County Public Library Waiver & Release of Claims, Permission Slip

In exchange for me and/or my child(ren), named here _____
_____ (participants' name(s), being allowed to participate in the

(Name of Program)

program. I agree to waive, release and forever discharge any and all claims, rights and causes of action against Forsyth County and its respective officers, officials, employees, and agents for injury or damage caused or alleged to be caused as a result of my or my child's participation in the above referenced program. My signature certifies that I grant permission for my child(ren) to participate and further, will assure that, if dropped off at the Library, my child(ren) will know the arrangements for getting home in a safe and timely way. Per library policy #11, "Leaving children under the age of 8 unattended by a caregiver is not allowed in a Forsyth County Public Library.

Food and Beverage Consumption

I agree to this waiver and release. I understand and voluntarily assume all risks associated with my and/or my child's participation in the above-referenced program, including the possibility of accidental or other physical injury during the program and/or participation in programs (that could include food/beverage consumption), conducted by the Forsyth County Public Library system, including programs co-sponsored by other agencies.

This waiver and release of all claims and assumption of risk is intended to be as broad and inclusive as permitted by the laws of North Carolina. If any portion of this document is held invalid, the remainder shall continue in full force and effect.

Parent/Guardian Signature _____

Date _____

Location: _____

Emergency Contact Phone Number FOR OFFICE USE ONLY: _____

Please check age of participant

- Youth Participant (5yrs - 12yrs)
- Teen Participant (13yrs - 17yrs)
- Adult Participant (18yrs and older)

Program Participant Status

- Recurring program participant (Please keep on file for one year of date signed)
- One Time program participant