



Summer Reading Club Participant Information, Waiver and Release Form

Participant	<p>Participant's name: _____ Age: _____</p> <p>Allergies: <input type="checkbox"/>Y <input type="checkbox"/>N (If yes, please specify) _____</p> <p>Medical conditions: <input type="checkbox"/>Y <input type="checkbox"/>N (If yes, please specify) _____</p>
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Emergency Contact	<p>Parent/guardian: _____</p> <p>Phone #: _____ (Primary) _____ (Secondary)</p> <p>Emergency contact (other than above): _____</p> <p>Phone #: _____ (Primary) _____ (Secondary)</p>
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Medical Consent	<p>In case of emergency or illness, every effort will be made to contact the parents or guardians. In the unlikely event that contact cannot be made, I give my consent to have the above participant treated by emergency medical personnel. I understand that any costs incurred will be at my expense. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
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Photo Release	<p>During Summer Reading Club, photos and video may be taken for promotional purposes. These will not be used commercially, and no names or personal information will be given out. I consent to my child being photographed. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
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Liability Release	<p>I consent to my child taking part in Summer Reading Club activities from July 10 – August 15, 2018 and waive, release, and discharge the Penticton Public Library and its staff from liability for personal injury/property damages which may occur as a result. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
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Parental Consent	<p>I have read and understand the above releases. I am of legal age to make this agreement.</p> <p>_____ (Parent/guardian signature) _____ (Date DD/MM/YY)</p>
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