

Offsite Program Waiver and Permission

GLEN ELLYN
PUBLIC
LIBRARY

Name: _____

Age: _____ Grade: _____ Do you have a library card? Yes: _____ No: _____

Address: _____

Parent/Guardian Name(s): _____

Phone: _____ Cell/Other Phone: _____

Allergies: _____

Additional Emergency Contact:

Name: _____ Phone: _____

I have read and understand the Rules of Conduct outlined by the Glen Ellyn Public Library and I agree to comply. I agree to follow directions issued by Glen Ellyn Public Library employees. I understand that Glen Ellyn Public Library employees are authorized to enforce these rules. I understand that the library reserves the right to revoke or restrict program privileges of any user for conduct contrary to these rules. In the event that I do not follow any of the above rules, the library reserves the right to contact my parent/guardian.

Printed Name of Participant

Signature of Participant

Date

CONSENT AND LIABILITY WAIVER

I understand that by attending this program, my child may be photographed and videotaped by library staff or their representatives in the course of library activities. The images may be used, without accompanying personal identification, in library publicity.

I hereby give permission for _____ (child's name) to attend the Glen Ellyn Public Library's middle school/teen program. I assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby release and forever discharge the Glen Ellyn Public Library, their officers, employees from any and all damages and causes of action either at law or in equity which I or my child may have as a result of participation in or attendance at this activity sponsored by the library.

cont'd

In case of medical emergency, I give permission for the supervising adults at the Glen Ellyn Public Library to contact 911 for medical assistance for my child/ward named above, and consent to medical treatment as deemed necessary by emergency medical personnel. I will be contacted immediately if any emergency arises.

My minor child/ward named above and I understand that violations of the Glen Ellyn Public Library's Rules of Conduct or infringing on the enjoyment of others at this event will result in eviction. Parent/Guardian agrees to be available at one of the phone numbers listed above during the time of the program.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date