Permission/Liability Release Slip Central Skagit Library's Teen Movie Night Friday, June 21st, 2024 6:00-8:00 PM

My child, _____

has my permission to participate in the after hours Teen Movie Night at the Central Skagit Library on Friday, June 21st, 2024, from 6:00-8:00 PM.

I understand that I am responsible for picking up my child(ren) at the front door of the library no later than 8:00 PM.

Parent name (print)	
Parent signature	
Emergency phone number _	

<u>I desire that my child participate in the Central Skagit Library District</u> <u>sponsored activity of Teen Movie Night.</u>

I am fully aware of the fact that there are special dangers and risks inherent in not only this activity including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my child being allowed to participate in Central Skagit Library District sponsored activities and the use of Central Skagit Library District facilities, I hereby assume all risk of injury, damage and harm to myself or child arising from such activities. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the Central Skagit Library District, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity.

Participant Printed Name	
Participant Signature	Date
Parent/Guardian Printed Name	
Parent/Guardian Signature	Date
Address	
Phone	



Central Skagit Library District

110 W. State Street Sedro-Woolley, Washington 98284 | 360-755-3985 www.centralskagitlibrary.org