

# Permission/Liability Release Slip

## Central Skagit Library's Teen Nerf Battle

### Friday, August 16th, 2024 6:00-7:30 PM

My child, \_\_\_\_\_ ,  
has my permission to participate in the after hours Teen Nerf Battle at the Central Skagit Library on Friday,  
August 16th, 2024, from 6:00-7:30 PM.

I understand that I am responsible for picking up my child(ren) at the front door of the library no  
later than 7:30 PM.

**Parent name (print)** \_\_\_\_\_

**Parent signature** \_\_\_\_\_

**Emergency phone number** \_\_\_\_\_

**I desire that my child participate in the Central Skagit Library District  
sponsored activity of Teen Nerf Battle.**

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** \_\_\_\_\_

#### MEDIA RELEASE

I understand that my child's image may be captured on video and/or photographed during this event,  
whether by organizing parties, partner organizations, or by media organizations that may cover the event.  
Recorded audio, photographs, and video images are public record. I give permission for my child to  
participate and be videotaped and photographed. I also understand that no compensation is provided for  
any appearance or statements recorded by organizing parties, partner organizations, or any media in  
attendance at the event.

**Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Central Skagit Library District**

110 W. State Street

Sedro-Woolley, Washington 98284 | 360-755-3985

[www.centralskagitlibrary.org](http://www.centralskagitlibrary.org)