

Permission/Liability Release Slip
Central Skagit Library's Teen Nerf Battle
Wednesday, September 25th, 2024 6:00-8:00 PM

My child, _____ ,
has my permission to participate in the after hours Teen Nerf Battle at the Central Skagit Library on
Wednesday, September 25th, 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 _____

**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

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www.centralskagitlibrary.org