

Permission/Liability Release Slip

Central Skagit Library's 2025 After Hours Teen Programs

My child, _____ ,
has my permission to participate in all after hours teen programs at Central Skagit Library in 2025. These programs may include but are not limited to Nerf battles, movie nights, game nights, and craft nights, and typically run 6:00-8:00 pm.

I understand that certain Central Skagit Library programs may require an additional permission slip as required by the contracted performer or partnered organization. That information will be included in program advertisement and it is my responsibility to ensure my child has the necessary forms.

I understand that if I do not wish my child to participate in a specific event, I must enforce that expectation with my child. The library accepts this document as permission for my child to attend all teen events of 2025 and is not responsible for enforcing any attendance exceptions.

I understand that I am responsible for picking up my child at the front door of the library promptly at the end of the program, or otherwise arranging for their transportation home.

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.

I desire that my child participate in the Central Skagit Library District sponsored activities

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 _____

Emergency phone number _____




Central Skagit Library District

110 W. State Street

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

www.centralskagitlibrary.org

For Staff Use Only

	Month	Program Name	Program Date
	Jan		
	Feb		
	Mar		
	April		
	May		
	June		
	July		
	Aug		
	Sep		
	Oct		
	Nov		
	Dec		