

Clearview Library District
Parent Permission and Liability Release Form
Tween Treasure Hunt Lock-In: Friday, January 19th, 2018
7:00PM – Midnight

This form must be filled out in its entirety. There are two sides to this form

Attendee Information:

First Name: _____ Last Name: _____ Age: _____

Phone: _____ Email: _____

I agree to abide by the Library rules and listen to the Library staff and chaperones.

Attendee Signature: _____ Date: _____

Parent/Guardian Information:

I give permission for my child(ren), _____,
to participate in the event at the Clearview Library District on January 19th, 2018, from 7:00PM to
12:00AM. I understand that my child(ren) must be picked-up promptly at 12:00AM.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact(s):

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Health Information:

Please list any allergies, dietary restrictions, medications, disabilities or physical limitations, chronic recurring illnesses, operations or serious injuries (including dates), behavioral concerns, etc.

Emergency Authorization and Indemnification of Liability:

I hereby give permission for the medical personnel selected by the Clearview Library District to order x-rays, routine tests, and treatment for my child, and in the event I cannot be contacted in an emergency, I hereby give permission to the physician selected by the Clearview Library District to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child(ren) named above. I understand that the library is not responsible for any medical expenses. I will assume responsibility for medical expenses incurred for my child.

In addition, I agree, that by signing this Agreement, the Clearview Library District, including its employees, directors, officers, service providers, independent contractors, agents, and volunteers, will not be responsible for any damage or injury to my child(ren) caused by his/her/their participation in this event. Specifically, by signing this agreement, I agree that for myself and on behalf of my minor child(ren), I will indemnify, hold harmless, and forever defend the Library from and against any claims, actions, demands, expenses, liabilities, and negligence made or brought by my child or by anyone on behalf of my child, as a result of my child’s participation in this event.

This Agreement is made and entered into by the parties with the full understanding that the terms contained herein are intended to fall within the protections of C.R.S. § 13-22-107. To the extent that any of the terms in this Agreement are deemed to be unenforceable under Colorado law, those terms shall be severable and independent from the other enforceable terms of the Agreement.

Parent/Guardian Signature: _____ Date: _____

Transportation:

- Parent/guardian will be picking-up the child(ren) after the Lock-in.
- My child(ren) will be picked-up by a person other than the parent/guardian.

Parent/Guardian initials: _____

Full name of person picking-up child(ren): _____