

## CONSENT AND WAIVER OF LIABILITY SLUG CLUB LOCK-IN FRIDAY, DECEMBER 12, 2014 • 6:30 P.M. – 9:30 P.M. DEFIANCE PUBLIC LIBRARY

Attendee's Name:		Age:	
Name of Parent/Guardian:			
Phone Number:	[Home] _	[Cell]	
<b>Emergency Contact [other th</b>	an parent]:	Relationship:	
<b>Emergency Contact Phone N</b>	umber:		
Will the attendee be walking	?		
Name of adult[s] who may pi	ck attendee[s] up: <i>Please lis</i>	t a minimum of 2.	
Name:	R	delationship:	
Name:	R	delationship:	
Name:	R	delationship:	
List allergies, medications, m	edical conditions, etc. that [	OPLS should be aware of:	
	ase all claims against the DF	sh in print, electronic, or video format the likeness PLS with respect to copyright ownership and of all materials.	or
Circle your response.	YES	NO	
IN CASE OF MEDICAL EMERG	SENCY		
I give permission for the supe	ervising adults at Defiance P medical treatment as deem	rublic Library to contact 911 for medical assistance ned necessary by emergency medical personnel. I ely if an emergency arises.	fo
SIGNATURE			
I have read both documents, abide by any and all stipulation		ns and Consent and Waiver of Liability and agree tased from any liabilities.	0
Participant Signature:		Date:	
Parent/Guardian Signature	:	Date:	
Return the <i>Consent and Wai</i>	ver of Liability to your DPLS	library or email a scanned copy to	



the participant.

Defiance Public Library 320 Fort Street Defiance OH 43512 419.782.1456 Johnson Memorial Library 116 West High St. Hicksville, OH 43526 419.542.6200

youthservices@defiancelibrary.org no later than Wednesday, December 10, 2014. Attendee will not be

registered until the Consent and Waiver of Liability has been returned and signed by both parent/guardian and

Sherwood Branch Library 117 North Harrison St. Sherwood, OH 43556 419.899.4343 www.defiancelibrary.org

