

# CONSENT AND WAIVER OF LIABILITY [DEFIANCE PUBLIC LIBRARY SYSTEM]

## CONTACT INFORMATION

Attendee's Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Library Location of Participation: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number[s]: \_\_\_\_\_ and/or \_\_\_\_\_

Emergency Contact [other than parent]: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Will the attendee be walking? \_\_\_\_\_

Name of adult[s] who may pick up attendee[s]. A minimum of 2 required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List allergies, medications, medical conditions, etc. that DPLS should be aware of:

\_\_\_\_\_

## CONDUCT

Participants must conduct themselves in a manner appropriate to the event and in accordance with DPLS Patron Code of Conduct. [A parent/guardian of any attendee exhibiting behavior problems will be notified immediately and asked to pick up his/her child. In the event a parent/guardian cannot be reached the same will be expected of the emergency contact.]

## MEDIA RELEASE

I give Defiance Public Library System [DPLS] permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against DPLS with respect to copyright ownership and publication, including any claim for compensation to use of all materials.

Circle your response:    YES            NO

## IN CASE OF MEDICAL EMERGENCY

I give permission for the supervising adults from DPLS to contact 911 for medical assistance for my child and consent to medical treatment as deemed necessary by emergency medical personnel. I and/or the Emergency Contact will be notified immediately via the contact information designated above if an emergency arises.

I have read and agree to abide by any and all stipulations. DPLS is henceforth released from any liabilities.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to your DPLS library or email a scanned copy to [prellstab@defiancelibrary.org](mailto:prellstab@defiancelibrary.org). Attendee will not be allowed entry until this has been returned and signed by both parent/guardian and the participant.**

## ADDITIONAL INFORMATION

### JOHNSON MEMORIAL LIBRARY

- **Date:** Saturday, July 9, 2022
- **Time:** 1:00 p.m. – 4:00 p.m.
- **Drop off time:** The library is open from 10:00 a.m. – 1:00 p.m.. Participants may be dropped off during that time. No one except library personnel or volunteers will be admitted after 1:10 p.m.
- **Pick up time:** 4:00 p.m.
- **Drop off and pick up location:** parking lot entrance
- **Address:** 116 West High Street Hicksville, Ohio 43526 [419.542.6200]

### SHERWOOD BRANCH LIBRARY

- **Date:** Friday, July 15, 2022
- **Time:** 6:00 p.m. – 9:00 p.m.
- **Drop off time:** 5:50 p.m. – 6:10 p.m. No one except library personnel or volunteers will be admitted after 6:10 p.m.
- **Pick up time:** 9:00 p.m.
- **Drop off and pick up location:** back alley entrance
- **Address:** 117 North Harrison Street Sherwood, Ohio 43556 [419.899.4343]

### DEFIANCE PUBLIC LIBRARY

- **Date:** Friday, August 5, 2022
- **Time:** 6:00 p.m. – 9:00 p.m.
- **Drop off time:** 5:50 p.m. – 6:10 p.m. No one except library personnel or volunteers will be admitted after 6:10 p.m.
- **Pick up time:** 9:00 p.m.
- **Drop off and pick up location:** canopy door entrance
- **Address:** 320 Fort Street Defiance, Ohio 43512 [419.782.1456]

**If the number of registered participants is low at any location, they may be asked to attend the lock-in at another location. Prior notice will be given.**

For further inquiries contact Pam at [prellstab@defiancelibrary](mailto:prellstab@defiancelibrary) or 419.782.1456

