

**Glendora Public Library**  
**Teen & Young Adult After Hours Program**  
**July 11, 2019**  
**5:30-7:30 p.m.**  
**Release Form**

*Please print legibly*

Teen's Name: ("Participant") \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please provide any medical information about your teen that may be of concern (allergies, medications, dietary needs).

\_\_\_\_\_

I give permission for the Participant to attend the Glendora Public Library Teen After-Hours Program at the Glendora Public Library ("Activity") on July 11, 2019.

In consideration for the Participant being allowed to participate in this Activity, I release from liability and waive my, and the Participant's right to sue the Glendora Public Library, City of Glendora, their employees, officers, volunteers and agents (collectively "City") from any and all claims, including claims of the City's negligence, resulting in any physical injury, illness (including death) or economic loss the Participant may suffer or which may result from the participation in this Activity, travel to and from the Activity, or any events incidental to this Activity.

The Participant is voluntarily participating in this Activity. I understand that there are risks associated with the participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility (ies). Nonetheless, I assume all risks of the participation in this Activity, whether known or unknown to me, including travel to and from the Activity or any events incidental to this Activity.

I agree to hold the City harmless from any and all claims, loss or damage to the Participant's personal property, liabilities and costs, including attorney's fees, as a result of the participation in this Activity, including travel to and from the Activity or any events incidental to this Activity. If the City incurs any of these types of expenses, I agree to reimburse the City.

I understand that if the Participant is behaving in a disruptive manner, I will be contacted immediately to take the Participant home. Also, I understand that the Participant cannot leave the library building during the lock-in hours unless I give specific written permission, and then I must personally pick up the Participant.

If the Participant needs medical treatment as a result of participation in this Activity, travel to and from the Activity, or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the City does not provide health insurance for the Participant and that I should carry health insurance for the Participant.

I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the City from all liability on my and the Participant's behalf, (b) waiving my and the Participants' right to sue the City, (c) and assuming all risks of Participant's participation in this Activity, including travel to and from the Activity or any events incidental to this Activity. I allow the Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

