BOYNE DISTRICT LIBRARY
CHILDREN'S PROGRAM REGISTRATION

Event: Polar Express Pajama Party Date: November 17, 2018

Child's name: _____ Age: _____ Circle one: M F
Parent/Guardian name: _____
Address: _____ City: _____
Zip_____
Home phone: _____ Work/Cell phones: _____
Medical conditions, special needs or allergies we should be aware of:
_____
_____

Photo release: Your child may be included in photographs which the library uses for promotional purposes, such as brochures and posters, articles or advertising in local newspapers, and on the library's website.

PERMISSION FOR PICKING UP MY CHILD

The following people have my permission to pick up my child:
(Note: library staff will not release a child to a person who does not appear on this list.)

_____
Name Phone number

_____
Name Phone number

RELEASE OF ALL CLAIMS
AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, the undersigned parent or guardian of _____, agree for myself, the minor, all our heirs, executors, administrators and assigns, to release and forever discharge the Boyne District Library and its assigns from any and all actions, causes of action, damages or demands of whatever name or nature arising or to grow out of any and all accidents or matters related to the event specified above sponsored by the Boyne District Library. I hereby assume all risks and release, indemnify, waive, discharge, and hold the Library harmless for any injury or other damages or claims related to or caused by my participation or the listed minor's participation in the event sponsored by the Library.
I hereby give my permission to the Boyne District Library to contact a doctor for medical or surgical care for my child or dependent, should an emergency arise. The expenses of emergency medical treatment or care will be accepted and paid by me.

I have read and understand the registration and photo release, permission for picking up my child, release of claims and authorization of emergency medical care. I agree with all terms and conditions listed.
Date: _____ Signature: _____