

Elk Grove Village Public Library

Youth Group Permission Slip and Waiver and Release of All Claims

My child _____ has permission to attend the following:

(Print name here)

Date of activity: _____

Time of activity: _____

Location of activity: _____

Activity: _____

I recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of any injuries, including death, damage, or loss, regardless of severity, that my minor child may sustain as a result of any and all actions associated with participation in this activity. I understand that not all hazards and dangers can be foreseen. Certain risks, dangers and injuries due to slipping, falling, carelessness, horseplay, premises defects, inadequate or defective equipment, and other circumstances inherent to the program exist. The Elk Grove Public Library cannot guarantee absolute safety. I agree to waive and relinquish all claims my minor child or I may have, as a result of my child participating in the activity, against the Elk Grove Public Library and its officers, agents, servants, elected officials and employees and hereby covenant not to sue the Elk Grove Public Library or its officers, agents, servants, elected officials or employees. I authorize treatment by an accredited hospital/physician deemed necessary in case of emergency.

Further, I do hereby grant to the Elk Grove Public Library the irrevocable and unrestricted right to use and publish photographs of my minor child named above for website, editorial, trade, merchandising and advertising for the purpose of promoting the Elk Grove Public Library; to alter the same without restriction and to copyright the same. I hereby release Elk Grove Public Library from all claims and liability relating to said photographs. I make this release as parent, custodian or other adult person authorized to make this release on behalf of the child.

I have carefully read this permission slip and waiver and release of all claims in its entirety and understand that my signature is required below in order for my child to participate in the activity.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____



ELK GROVE VILLAGE LIBRARY
1001 Wellington Avenue
Elk Grove Village, IL 60007
Phone: (847) 439-0447
Website: www.egvpl.org