

**Dennis P. McHugh Piermont Public Library
Underage Child Program Participation Waiver**

Program Information:

Program Title:	Program Date(s):
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Child Information:

Full Name of Child:	Age:
Address:	

Parent(s) / Guardian(s) Information:

Primary Adult Full Name:	
Telephone:	Email:
Relationship to Child:	

Consent & Waiver:

CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

Please read carefully prior to signing

I agree and understand that my child, named on this form, is a minor that typically would not be allowed in the Dennis P. McHugh Piermont Public Library ("Library") without myself or another designated adult being present for supervision and responsibility. For the purposes of the program listed above, and as the Parent or Legal Guardian of the child, my signature on this form is my acknowledgement and acceptance of the following:

- I agree to indemnify and hold harmless the Library, its staff and volunteers, and all its representatives, paid or unpaid, from all claims, demands, actions and causes of actions, loss, costs, or damages that the Library may suffer, incur or be liable for in relation to any injury my child may suffer or cause to others while my child is participating in the program listed above.
- I understand that "participation" begins at time of drop-off and does not cease until my child is once again in my or my designee's direct care. Under no circumstance will the Library, its staff and volunteers, or its representatives be responsible for my child in my absence.
- I understand that, in cases of emergency, scheduled or unexpected closing, or other unforeseen circumstance that causes building closure, my child will be treated as an adult and will be required to leave the premises in their own care. No staff person or Library associate will stay with, look after, or supervise my child. I further understand that my child will need to be able to arrange their own accommodation/transportation and no telephone or other means of communication will be provided by the library to achieve this.
- I understand that, in situations of injury that require emergency services, the Library will call 911 but my child will be responsible for their own person from that point forward, including but not limited to ambulance transportation and an ability to contact the necessary persons for assistance in their care beyond 911.

By signing this waiver, I understand that my child will be assuming injury and legal risks equivalent to those of an adult while I am not present to assume these risks in their stead. I, as the Parent or Legal Guardian of the child, confirm that I understand and agree to the conditions and terms outlined above prior to signing it.

Parent/Legal Guardian Print Name

Parent/Legal Guardian Signature

Date