

Reading Buddy Program

Permission & Release Form

Signed permission form is required for students to participate in the Reading Buddy Program.

I am the parent / guardian of (child's name) _____.

My child is in grade _____ and has my permission to participate in the Reading Buddy Program at:

CENTRAL VALLEY SCHOOL DISTRICT

Broadway Elementary
(Wednesdays, 3:15–4pm)

McDonald Elementary
(Thursdays, 9–9:30am)

Progress Elementary
(Mondays, 3:15–4pm)

CHENEY SCHOOL DISTRICT

Salnave Elementary
(Wednesdays, 3:05–4pm)

EAST VALLEY SCHOOL DISTRICT

Otis Orchards Elementary
(Tuesdays, 3:30–4:15pm)

Trent Elementary
(Mondays, 9:15–10am)

MEAD SCHOOL DISTRICT

Brentwood Elementary
(Wednesdays, 3:20–4:15pm)

WEST VALLEY SCHOOL DISTRICT

Pasadena Park Elementary
(Tuesdays, 3:30–4:15pm)

I understand that my child will participate in reading activities with a volunteer from Spokane County Library District.

Adult picking up my child: _____ Relationship to child: _____

During this activity, I can be reached at:

Name _____

Phone _____

If I cannot be reached in the event of an emergency, please contact:

Name _____

Phone _____

RELEASE AND INDEMNIFICATION

I hereby agree to indemnify and hold harmless and blameless the Spokane County Library District and school district, its officers, employees or agents from any and all liability from damages, loss or injuries, either to person or property, which said minor may sustain while engaged in the Reading Buddy Program at the above mentioned school. I further certify that I have legal custody by reason of fact that I am the parent or the legal guardian by court order. I further allege that said minor is physically able to participate in the activity set forth herein. I further agree to reimburse or make good any loss or damage or costs that the Spokane County Library District may have to pay if any litigation arises on account of any claim made by said minor, or anyone on said minor's behalf, resulting directly or indirectly from said minor's participation in the Reading Buddy Program. I further agree in case of injury or illness or other actions requiring parental permission, the Spokane County Library and school staff shall have the authority to act for us, in case we cannot be reached. I further understand that in case of injury, serious illness, or in extreme cases of disciplinary action, the library or school staff will, if need be, send home my child by the first available transportation at my own expense.

Parent/Guardian signature

Date