

Camp Read-a-Rama

for kids ages 6–11

Permission & Release Form

Both pre-registration AND a signed permission form are required to attend

Register online at www.sclld.org or by calling or visiting the library.

I am the Father / Mother / Guardian of _____

My child is (select one) 6 7 8 9 10 11 years old and has my permission to attend the following Camp Read-a-Rama session(s) at North Spokane Library from 9am to 12:30pm, Monday–Thursday, during the following week(s):

Week 1: June 24–27 (Space) **Week 2:** July 8–11 (STEM) **Week 3:** July 15–18 (Food) **Week 4:** July 22–25 (Space)

Week 5: July 29–August 1 (STEM) **Week 6:** August 5–8 (Summer Family Read) **Week 7:** August 12–15 (Food)

I understand that my child may participate in various activities that could include the following:

Crafting • Science experiments • Microwave cooking • Games & other physical activities

I understand that drop-off time for Camp Read-a-Rama is **9–9:15am** and that pick-up time is **12:15–12:30pm**.

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

Please provide any information about your child that staff might find helpful (such as allergies, medications, medical conditions, special needs, etc.): _____

During this activity, I can be reached at:

Name _____

Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____

Phone _____

RELEASE AND INDEMNIFICATION

I hereby agree to indemnify and hold harmless and blameless the Spokane County Library District, its officers, employees or agents from any and all liability from damages, loss or injuries, either to person or property, which the said minor may sustain while engaged in the event(s) mentioned above at a Spokane County Library District location. I further certify that I have legal custody by reason of the fact that I am the parent or the legal guardian by court order. I further allege that the 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 in said minor's behalf, resulting directly or indirectly from said minor's participation in the event(s) mentioned above. I further agree in case of injury or illness or other actions requiring parental permission, the Spokane County Library District 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 staff will, if need be, send home my son/daughter by the first available transportation at my own expense.

Parent / Guardian Signature

Date