

After Hours: Teen Video Camera Crew Intensive

for teens going into grades 9–12

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 going into grade (select one) 9 10 11 12 and has my permission to attend:

After Hours: Teen Video Camera Crew Intensive at Spokane Valley Library on Friday, July 12, 5–10pm

I understand that my teen may participate in the following activities:

Using video recording and other studio equipment • Being filmed • Using editing software • Eating pizza

I acknowledge that if my teen is not behaving in a manner compliant with the Library's Code of Conduct, I may be contacted prior to the end time to pick up my teen.

My teen is allowed to sign themselves out at the end of the program (to walk/drive home, ride with friend, ride the bus, etc.)

My teen will be picked up and signed out by an adult

Adult picking up my teen _____ Relationship to teen _____

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

During this evening 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