



Copper Queen Library Summer Reading Programs Permission/Registration Form 2019

Participant Name _____

Parent/Guardian Name _____

Home Address _____

City _____ State _____ Zip Code _____

() Work Phone () _____

Email Address* _____

Emergency Contact Name/Phone # _____

	SUMMER READING PROGRAMS	PARTICIPANT'S NAME	AGE	FEE	SPECIAL NEEDS
	SRP CQL Main Library, Weds			none	
	SRP, CQL Annex, Thurs			none	
	*Mark Kelly, special event, 6/27			none	
	**Week # 2- Freeport Land 8 yrs+			none	
	Fun With Math and Science			none	
	Kids Yoga and Mindfulness			none	
	4H Tinker Tuesdays, Annex			none	
	Science Fridays, Annex			none	
	*Week #8- End of Summer BBQ/Pool Party			none	

**Freeport Field Trip is 8 years old and above. Limited Space!

Please make arrangements if you are bringing child directly to field trip sites, or have special needs.

Contact: Alison E. Williams

520.432.4232 | awilliams@bisbeeaz.gov

PERMISSION, RELEASE AND HOLD HARMLESS AGREEMENT

The City of Bisbee Copper Queen Library and its staff will attempt to provide high quality programs in an appropriate environment. Recreation activities, by their very nature, may present circumstances that place the participants at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Please make sure that you have inspected the area to be used and that you have determined that this activity will be appropriate for you or your child, as applicable, based upon your particular physical condition, or that of your child. As a condition for allowing your participation, or that of your child, the City of Bisbee will require that you release and hold harmless the City from claims that may arise from this activity.

I assume the responsibility of my/my child's mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program.

The undersigned hereby agrees to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I and my child or ward may sustain as a result from participation in this activity. I hereby release, indemnify, hold harmless and agree not to sue the City of Bisbee, its officers, employees and agents, for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions, omissions or by the negligence of the released parties in connection with this activity. I hereby authorize my child or ward to participate under these same terms and conditions.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, I UNDERSTAND THAT I HAVE GIVEN UP VALUABLE RIGHTS BY SIGNING IT, AND I DO SO VOLUNTARILY.

(Signature of parent or legal guardian) _____

(Print name) _____ Date: _____

Relationship to above child: _____

Permission to Videotape and/or Photograph

I understand the City of Bisbee may photograph or videotape the events or activity in which I am (or my child) is participating. I give my permission for the City to use photographs or videotape programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

I, _____ am 18 years or older, and I am the parent or legal
(Name, please print)
guardian of

child's name & age, please print

Guardian Signature

*ADDITIONAL PERMISSIONS NEEDED FOR FREEPORT AND WASTEWATER FIELD TRIPS