



PROGRAM: _____ DATE: _____

Teen Name: _____ AGE: _____

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please provide any information about your teen that might be helpful (allergies, medication, dietary needs):

PLEASE READ CAREFULLY:

Release:

We/I acknowledge that the above named participant(s) in above named program(s) is voluntary and is within the discretion of the Town and, in consideration thereof, we/I hereby release the Town of Medfield, the Medfield Public Library, and their employees from any and all claims which our/my child may have as a result of suffering personal injury in any way arising from or related to participation in the above-described activity resulting from and/or omission of the Town of Medfield, the Medfield Public Library, and/or their employee(s).

We/I, on behalf of the above named child hereby expressly waive in advance any and all rights to sue which we/I and our/my child may have against the town of Medfield, the Medfield Public Library, and/or their employees to recover for any loss, damage, or expense of any type in any way arising from or related to said child's participation in the above described activity. This release/waiver also applies to any liability of the Town of Medfield, the Medfield Public Library, or their employees arising from or related to their providing transportation in connection with any program or activity.

We/I hold harmless the Town of Medfield, the Medfield Public Library, and their employees from any and all loss, damage, or expense incurring court's costs and attorney's fees, which they or any of them suffer as a result of our/my above named child or anyone on the child's behalf filing a civil action against the Town of Medfield, the Medfield Public Library, or their employees, in any way arising from or related to said child's participation in the above described activity at any time either prior or subsequent to said child's eighteenth birthday.

From time to time, photographers attend Medfield Public Library activities and take photos of participants for publication. By agreeing to this release, you give permission for the participant to be photographed.

Please feel free to reach out to me by phone or email with further questions:

Erica Cote
Teen Librarian
508-359-4544 x2
ecote@minlib.net

Signature of Parent/Guardian

Date