**WAIVER OF LIABILITY and MEDICAL RELEASE AGREEMENT**

**PARENT/GUARDIAN SIGNATURE REQUIRED FOR PARTICIPATION**

**EVENT:** Teen After-Hours Mini Golf Course in the Library

**DATE/LOCATION:** Friday, July 19, 2024, from 6:00-8:00pm. 820 East Washington Ave, Burlington, WA 98233

**DROP OFF DETAILS:** The event begins at 6:00 pm. The front door will be staffed from 6:00-6:30, and late arrivals will need to call the library at 360-755-0760 to gain entrance.

**PICK UP DETAILS:** The event will end at 8:00pm. If they have not driven themselves to the event, I understand and agree that I will pick my child up no later than 8:15pm. I understand that my child will be dropped off at the Burlington Police Department if no effort to pick them up has been made by 8:30pm.

**Teen’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_**

**I am the parent(s) or legal guardian of (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who desires to be a participant in the Mini Golf Course event.**

I understand that this program will consist of a miniature golf course in the library. I understand that this is an after-hours program that takes place after the library has closed for the evening, supervised by library staff.

I recognize that participation in an activity hosted by the Burlington Library is at the participant’s own risk. I have voluntarily made a choice for my child to participate in this activity and expressly assume and accept the risks inherent in the activity.

It is important to me (us) that this child be allowed to participate in this program. I (we) understand there are special dangers and risks inherent in this participation of this program, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in the above-described program. Being fully informed as to these risks and in consideration of the Burlington Public Library allowing my child to participate in this sponsored program and/or use of the Library facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities associated with the program or use of Libraries facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Burlington, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this program. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the program described above.

I agree to waive any right of recover that I may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child’s voluntary participation in this program. I grant my full and voluntary consent for the above-named child to participate in the program described above. This release is binding as to any other person, including family members, heirs and executors.

If I am signing on behalf of a minor, I recognize that I may not release any claim the minor may have. I accept full responsibility for all medical expenses and claims incurred as result of the minor’s participation in, or travel to and from this activity.

All teen participants will be asked to sign their agreement to the rules upon entering the event.

If my child misbehaves or breaks any of the rules, I understand that Burlington Public Library staff has the right to ask my/our child to leave the library. **If my child is asked to leave I understand that I will be notified, and that I will be expected to pick them up immediately. If the parent/legal guardian cannot be reached, Burlington Library staff will then contact the secondary emergency contact. If Burlington Library staff is unable to speak to the parent/legal guardian, or the secondary emergency contact, I authorize my child to be dropped off at the Burlington Police Department.**

In case of emergency, I request efforts to be made to contact me or the person I have designated as the emergency contact. If I or the alternate contact cannot be reached, or if it is prudent to render immediate aid, I hereby give permission for City of Burlington staff to use their best judgement in assisting my ill or injured child and in arranging medical attention.

**PHOTO RELEASE:** I grant full permission to the City of Burlington to use any photographs taken of myself or my child during participation in the activity for the purpose of program promotion.

My signature below signifies that I have read and understand the Participation Agreement and Liability Release, and it certifies that I am the Participant, or the Parent or Legal Guardian of the Participant.

**PARENT or LEGAL GUARDIAN FIRST & LAST NAME (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT or LEGAL GUARDIAN FIRST & LAST NAME (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL EMERGENCY CONTACT NAME: (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**