



**FRANKFORT**  
PUBLIC LIBRARY DISTRICT  
21119 S. Pfeiffer Road Frankfort, IL 60423  
815-469-2423 www.frankfortlibrary.org

## Waiver and Permission for Programs

All participating family members may be listed on the same sheet.

Name of Program: \_\_\_\_\_

Name of Participant(s): \_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that by attending this program, participants may be photographed and videotaped by library staff or their representatives in the course of library activities. The images may be used, without accompanying personal identification, in library publicity.

## WAIVER AND RELEASE OF ALL CLAIMS

Please read this section carefully and be aware that in signing up and participating in the above program, you will be expressly assuming the risk and legal liability and availing and releasing all claims of injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities associated with the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in these activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I might sustain as a result of said participation. I further agree to waive and relinquish all claims that I or my child/ward may have against the Frankfort Public Library District, including its officials, agents, volunteers, and employees (herein after referred to as the FPLD). I do hereby fully release and forever discharge the FPLD from any and all claims for injuries, damages or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these programs and activities.

\_\_\_\_\_  
Signature of Participant/Parent or Guardian

\_\_\_\_\_  
Date