

OLDS & DISTRICT MUNICIPAL LIBRARY

5217-52nd Street Olds, Alberta T4H 1S8 Phone: 403-556-6460 Fax: 403-556-6692

Part 1-WAIVER OF LIABILITY

By the act of signing this registration in the library program mentioned below, the undersigned parent/guardian acknowledges and agrees that the instructor(s), staff, and Olds and District Municipal Library Board of Trustees, and the Town of Olds respectively shall not be liable for any injury (including Death) or personal property loss or damage caused to the child registered hereby as a participant in any activity sponsored or authorized by Olds and District Municipal Library.

Valid: January 1st-December 31st 2018

Child's Name: _____

Child's Birthdate: _____

Parent/Guardian Name (print): _____

Parent/Guardian Name (SIGN) X _____

Allergies: _____

Please feel free to comment on any other pertinent information regarding your child.

Part 2-INTERVIEW/PHOTOGRAPH/VIDEO CONSENT FORM

Valid: January 1st- December 31st 2018

The purpose of the interview, photograph, or videotape will be used to store historical information for the Olds Municipal Library, placement on the web page for informational or publicity purposes, used for acknowledgement of participation in program(s) or special event(s).

I hereby consent (Name of Child) _____

Signature of parent/guardian:X _____