

# TD Summer Reading Program 2017

Child's name \_\_\_\_\_

Age as of June 1, 2017 \_\_\_\_\_

Parent /Guardian \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

All participants must complete a waiver and parental /guardian consent form. A separate waiver must be filled out for each registrant.

## Session Options

Please circle your child's age group.

**Ages 4-6**

**Ages 7-12**

**Thursdays,  
1:30pm-3:00pm**

**Wednesdays,  
1:00pm-3:00pm**

I, the undersigned, hereby waive any and all rights and release from all claims of liability howsoever caused including claims based on negligence, the Peace River Municipal Library, its agents, volunteers or employees in relation to any acts of omission or permitted to by said Peace River Municipal Library, its agents, volunteers or employees arising from damages and /or injury whatsoever by:

\_\_\_\_\_ while attending the  
Child's name

TD Summer Reading Club 2017

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

I understand that I must be present to supervise my child if he/she is or between the ages of four to six.

**Please note:** TD Summer Reading Club rewards children with prizes based on the number of minutes they've read/been read to. In order to claim prizes at the end of the summer, please ensure reading minutes are recorded, in the log book provided upon registration, and presented to staff during weekly sessions.

## Photographic consent (optional)

I, the parent/guardian of the participant do hereby give my consent for my child to be photographed while participating in the above mentioned program and **"Get Your Read on" end party, which takes place on August 19th, 2017.** Photos may be used for the purpose of the Peace River Municipal Library, publicity, including our website, and documentation.

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date