

TD Summer Reading Program 2019

Child's name _____

Age as of June 1, 2019 _____

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

Are you currently a member of the library? Yes No

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:

Child's name

TD Summer Reading Club 2019

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 **Summer Reading Club "Natural World" end party, which takes place on August 24th 2019.** Photos may be used for the purpose of the Peace River Municipal Library, publicity, including our website, and documentation.

Signature of Parent /Guardian

Date