



NORFOLK PUBLIC LIBRARY



Tales to Tails
Permission and Release Form

In exchange for my children and I, named here _____,

_____ (participants' names), being allowed to participate in the above-referenced program, I agree to waive, release and forever discharge any and all claims, rights and causes of action against the City of Norfolk and their respective officers, officials, employees, and agents, including volunteers with the Friends of the Norfolk Public Library, for injury or damage caused or alleged to be caused as a result of our participation in the above referenced program. I agree to this waiver and release for all my heirs, personal representatives, next of kin and assigns.

I understand and voluntarily assume all risks associated with my child's and my participation in the program, including the possibility of accidental or other physical injury during the program and / or participation in programs conducted by the Norfolk Public Library ("Library"). If any portion of this document is held invalid, the remainder shall continue in full force and effect.

My signature certifies that I am the parent or legal guardian of the above named child(ren) and that I grant permission for my child(ren) to participate in the Tales to Tails program at any branch of the Norfolk Public Library.

My signature certify that I grant the Library and the Friends of the Public Library the right to photograph my child(ren), the right to use information provided during an interview, and the right to use said photographs and information in connection with the publicizing or promoting of the Library and the Friends of the Norfolk Public Library.

I have carefully read and fully understand the meaning of this document. I agree to all the terms set forth herein, and I have voluntarily signed below.

Parent or Guardian Signature

Date

Emergency contact phone number.