



# Copper Queen Library Summer Reading Program 2016 Permission/Registration Form

Participant Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(     )     Work Phone     (     )

Email Address\* \_\_\_\_\_

Emergency Contact Name/Phone # \_\_\_\_\_

	SUMMER READING	PARTICIPANT'S NAME	AGE	FEE			
	All 8 Weeks			none			
	Week # 1- Intro to CQL			none			
	Week # 2- Photography			none			
	Week # 3- Theatre Arts			none			
	Week # 4- Bisbee Treasures			none			
	Week #5- Arboretum			none			
	Week #6- Wastewater Plant			none			
	Week #7- Freewrite			none			
	Week #8- Paint Your Town			none			

**All Classes meet at the Copper Queen Library, Wednesdays,  
10:30 AM-12:30 PM, June 1—July 20<sup>th</sup>**

**Please make arrangements if you are bringing child directly to field trip  
site, or have special needs. Contact: Alison E. Williams  
awilliams@bisbeeaz.gov**

## **PERMISSION, RELEASE AND HOLD HARMLESS AGREEMENT**

The City of Bisbee Copper Queen Library and its staff will attempt to provide high quality programs in an appropriate environment. Recreation activities, by their very nature, may present circumstances that place the participants at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Please make sure that you have inspected the area to be used and that you have determined that this activity will be appropriate for you or your child, as applicable, based upon your particular physical condition, or that of your child. As a condition for allowing your participation, or that of your child, the City of Bisbee will require that you release and hold harmless the City from claims that may arise from this activity.

I assume the responsibility of my/my child's mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program.

The undersigned hereby agrees to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I and my child or ward may sustain as a result from participation in this activity. I hereby release, indemnify, hold harmless and agree not to sue the City of Bisbee, its officers, employees and agents, for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions, omissions or by the negligence of the released parties in connection with this activity. I hereby authorize my child or ward to participate under these same terms and conditions.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, I UNDERSTAND THAT I HAVE GIVEN UP VALUABLE RIGHTS BY SIGNING IT, AND I DO SO VOLUNTARILY.**

(Signature of parent or legal guardian) \_\_\_\_\_

(Print name) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to above child: \_\_\_\_\_

## **Permission to Videotape and/or Photograph**

I understand the City of Bisbee may photograph or videotape the events or activity in which I am (or my child) is participating. I give my permission for the City to use photographs or videotape programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

I, \_\_\_\_\_ am 18 years or older, and I am the parent or legal  
(Name, please print)  
guardian of

\_\_\_\_\_  
child's name & age, please print

\_\_\_\_\_  
Guardian Signature