



Parental or Guardian Liability Release & Participation Permission

Event Name: 2019 BCSPS Teen/Tween Pool Party

Location: Adamson Lagoon, 1900 Anderson St. (Bee Creek Park), College Station, TX 77840

Event Date: Tuesday, August 13, 2019

Event Time: 7:30 to 9:30 PM

Meet at the Pool

Name of Teen/Tween _____ Teen/Tween's Phone: _____

Contact email (optional) _____

Teen/Tween's Age _____ Going into _____ grade (5th -12th) or just finished 12th grade _____

Participated in BCSPS teen/tween summer reading 2019? _____

Any food allergies or medical conditions? _____ If yes, describe: _____

By signature below, I certify that the following is true:

- a. that my teen/tween will be entering 5th – 12th grade in the fall or has just finished 12th grade;
- b. that my tween/teen understands that he or she may not leave Adamson Lagoon at any time during the teen/tween pool party (the "Program") without notifying one of the librarians chaperoning the party; and
- c. that I understand I must pick up my teen/tween no later than 9:45 PM on Tuesday, August 13, 2019.

I understand and agree that the Larry J. Ringer Public Library, City of Bryan and the City of College Station (collectively the "Library"), and the College Station lifeguards, will not be held responsible or liable for any accident or injury (including damages resulting therefrom), or for the treatment of same, whether or not occurring by reason of negligence or the negligence of staff, EMS personnel, doctors or physicians or other personnel treating said injury, and I release Library from same. I indemnify Library for any claim or damages arising from any injury to my child.

In emergency situations, while not assuming the obligation to do so, every effort will be made to care for such emergencies as may be deemed necessary in the discretion of the person or persons working and overseeing the event.

In the event medical attention should become necessary, I, the undersigned parent or guardian, hereby authorize the representatives of the library and the Cities of Bryan and College Station to obtain first aid and medical attention as in their discretion may seem necessary. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the City of College Station Representative to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for my teen/tween.

In the event of injury, parents or legal guardians will assume responsibility for payment of all costs arising directly or indirectly from said injury including reimbursement of any amounts which may be paid by the library, and/or the City of Bryan or City of College Station or their respective representatives.

I hereby give _____ (my teen/tween) permission to attend this library-sponsored event and to swim at Adamson Lagoon, located at 1900 Anderson, College Station.

Parent/Legal Guardian:

_____ Parent/Guardian Signature	_____ Printed Name	_____ Relationship	_____ Date Signed
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Parent/Guardian's primary phone: _____ Secondary phone (optional): _____

Alt Emergency Contact: _____ (optional)	_____ <i>Contact's Name (print)</i>	_____ <i>Relationship to teen/tween</i>	_____ <i>Phone Number</i>
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Participating minor (teen/tween): I understand & agree to the above & to follow the rules & directions of staff for this event. By (signature of participant): _____ Date: _____

RETURN TO KENDRA OR ELAINE, (979) 764-3416, (979) 209-5615, www.bcslibrary.org, kperkins@bryantx.gov

FOR STAFF USE ONLY: Date Received _____ Staff Initials _____ Mounce Library _____ Ringer Library _____ At Pool Party _____