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| **Liability Release** |
| |  | | --- | |  | | Washington County Free Library - Science in the Library  **Liability Release Form**  I understand that student registrations will be accepted in the order they are received.  **I MUST sign and submit this form for my child to participate in the program.**If my child cannot attend the session, I will cancel my child’s registration by calling the library where my child is registered, one week prior to the start of the program.  I give permission for my child to participate in the ***Science in the Library*** program and my signature below indicates my acceptance of the following:  **My child must:**   * arrive promptly at the assigned time * wear all safety equipment, including safety glasses provided * wear closed toe shoes (sneakers are recommended) * attend the entire program * listen to all instructions given to them by the teacher and other instructors   I hereby warrant that I am the parent or legal guardian of and that I am eighteen years old or more and competent to contract in my own name.  I have read, understood & agree to the ***Science in the Library*** general policies.  This release is binding on me, my child, and our heirs, legal representatives, and assigns.  I understand that while both the class and home activities are designed to be safe, neither the library, nor the teacher, nor the volunteer, warrants, or can guarantee that an accident will not occur. In consideration for my child’s participation in the ***Science in the Library***program, I agree not to initiate any action against the library, teacher, volunteer, and their respective officers, directors, employees, agents, licensees, successors, assignees, permittees, heirs, executors, and administrators, and to forever refrain from instituting any claims, causes of action, suits or proceedings of any kind for any injury or damage resulting from participation in the ***Science in the Library*** program or from use of the take-home materials after the conclusion of the program.  I hereby understand and consent to the conditions of the**Science in the Library** program as described above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Parent or Guardians Full Name) (Date) | |

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| **Photography / Publicity Release** |
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