

**OLDS & DISTRICT MUNICIPAL LIBRARY**

5217-52<sup>nd</sup> Street Olds, Alberta T4H 1S8 Phone: 403-556-6460 Fax: 403-556-6692

**Part 1-WAIVER OF LIABILITY**

By the act of signing this registration in the library program mentioned below, the undersigned parent/guardian acknowledges and agrees that the instructor(s), staff, and Olds and District Municipal Library Board of Trustees, and the Town of Olds respectively shall not be liable for any injury (including Death) or personal property loss or damage caused to the child registered hereby as a participant in any activity sponsored or authorized by Olds and District Municipal Library.

**Valid: January 1<sup>st</sup>-December 31<sup>st</sup> 2018**

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Name (SIGN) X \_\_\_\_\_

Allergies: \_\_\_\_\_

Please feel free to comment on any other pertinent information regarding your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Part 2-INTERVIEW/PHOTOGRAPH/VIDEO CONSENT FORM**

**Valid: January 1<sup>st</sup>- December 31<sup>st</sup> 2018**

The purpose of the interview, photograph, or videotape will be used to store historical information for the Olds Municipal Library, placement on the web page for informational or publicity purposes, used for acknowledgement of participation in program(s) or special event(s).

I hereby consent (Name of Child) \_\_\_\_\_

Signature of parent/guardian:X \_\_\_\_\_