**PARENT CONSENT FORM**

Event: **Teen Yoga at Twisted Tree**Date: **Friday, July 13**

Time: **5:30pm until approximately 7:00pm**

This form must be signed by a parent or guardian and must be turned in to Joanie Sebastian at the 3rd floor Readers Services desk prior to but no later than **Friday, July 13th, 2018 at 5:30 p.m**.

I/We the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parents or guardians of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, participating in

**Yoga at Twisted Tree Yoga Studio, 681 Graceland Avenue, Des Plaines, IL** do hereby authorize the participation of, and accept responsibility for the attendance of said minor, and all activities in connection therewith.

I/We certify that our son/daughter is in good health and is able to participate in the event.

**WAIVER AND RELEASE OF ALL CLAIMS**

I recognize and acknowledge that there are certain risks associated with my child’s participation in the programs listed above, and I agree to assume any and all risk of injuries, damage, or loss, to either myself or my child’s person or property which may sustain as a result of participation in the above program.

I hereby full and forever release and discharge the **Des Plaines Public Library** and its officers, agents, servants, employees or any other person or persons performing any service whatsoever for the above event, from any and all claims for injuries, damage, or loss, which may now have or will have in the future, arising out of, or in any way have been associated with the activities of the program listed above.

I/We agree to allow photographs taken by library personnel to be used in publicity, including display boards, booklets, press releases and brochures.

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Signed Relationship Date

Please indicate a telephone number to which we may phone/text in case of emergency and when your child is ready for pickup\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_