

PHOTO SCAVENGER HUNT REGISTRATION FORM

Your name: _____

Your grade: _____

Your phone number: _____

Your email address: _____

Names of your teammates: _____

Remember, each team member must fill out and hand in their own registration and permission forms!

Please give us the name and phone number of a contact person (parent/guardian of someone in your group) who could be reached during the event if necessary.

Contact's name: _____

Contact's phone number: _____

Please ask your parent or guardian to sign the release form on the following page, and return this to us with your registration form.

(Form to be given to Erin Williams at the Coolidge Corner Branch Library
or Robin Brenner at the Main Library.)

The Public Library of Brookline
Release

PROGRAM: Teen Photo Scavenger Hunt, Summer Reading Program

I/we, the undersigned, for myself and/or as parent(s) or legal guardian(s) of _____, a minor, hereby acknowledge my wish to participate in, and/or my consent to said minor's participation in, the foregoing Public Library of Brookline Program. In signing this consent and release, I/we do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Brookline, and its successors, departments, officials, officers, employees, trustees, servants and volunteers, from any from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way arising from, directly or indirectly, all known and unknown personal injuries or property damages which I/we may now or hereafter have for myself and/or as the parent(s) or legal guardian(s) of said minor, and also all claims and rights of action or damages which said minor may have or hereafter may acquire as a result of his/her participation in the Public Library of Brookline Program. FURTHERMORE, I/we hereby agree to indemnify the Town of Brookline and its successors, departments, officials, officers, employees, trustees, servants and volunteers from and against any and all claims for damages, compensation, attorney's fees or otherwise arising out of or resulting from my and/or said minor's participation in the Town of Brookline Library Program.

Printed Name of Program Participant

Signature of Program Participant
(if participant is 18 or over)

Signature of Parent or Legal Guardian
(if participant is under 18)

Participant's Date of Birth