



NEW YEAR'S APOCALYPSE: ESCAPE THE LIBRARY



Who: Teens ages 12-18 (no exceptions)
When: Friday, January 20th, 6:00-8:30 PM
Where: Peoria Main Library – 8463 W. Monroe St.

Parents/guardians, please initial all that apply below, and then sign:

_____ My child WILL participate in the after-hours library Escape the Library games.

_____ I understand that the City of Peoria and the Peoria Public Library are NOT responsible for the replacement for any lost, stolen, or broken items used during the event.

_____ I give permission to the Peoria Public Library to call emergency services if my child is injured or seriously ill.

_____ I give permission for my child to be videotaped or photographed by the City of Peoria employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcast, newspapers or any brochure.

ONLY THE FIRST 40 TEENS WHO TURN IN THEIR REGISTRATION FORMS WILL BE ABLE TO PARTICIPATE. PLEASE TURN IN YOUR FORMS A.S.A.P. IF YOU WOULD LIKE TO MAKE CERTAIN YOU HAVE YOUR SPOT RESERVED. REGISTRATION DEADLINE, January 18th.

Waiver of Liability: I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria library program. This waiver includes all damages: losses, costs, expenses, and injuries that allegedly occur during the course of library program. In that regard, I/we consent to indemnify, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

PARTICIPANT: _____ DATE: _____

AGE: _____ PHONE NUMBER _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

**QUESTIONS? CALL TONYA AT 623-773-7556 or TONYA.STUEMPFL@PEORIAAZ.GOV
Or ADAM AT 623-773-7675 or ADAM.JOHNSON@PEORIAAZ.GOV**

