Peoria Public Library
Teen Food Fear Factor Permission Slip

Saturday, October 20th — 2:00 PM
Main Library — Willow Room

To participate in this event you must be in 6th-12th grade and have your parent's permission.

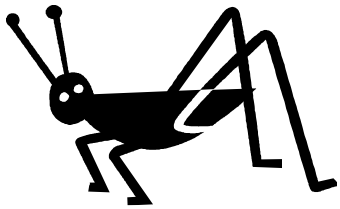
As a part of this event, you may be asked to eat the following items:

Herring	Tuna	Octopus	Ketchup/Mustard
Sushi	Baby Clams	Anchovies	Jello
Shrimp	Clam Juice	Smoked Oysters	Pickles/Relish
Sour Cocktail Onions	Sardines	Chocolate	Strawberry Jelly
Milk Products	Jalapeños	Bugs	Dog/Cat Food

If you are allergic to any item on the list, you will **NOT** be able to participate. If you have questions about the items on this list, please call Tonya Stuempfl at 623-773-7556 or email at tonya.stuempfl@peoriaaz.gov. All insects are farm-raised and are purchased through a store.

All participants **MUST** be on time in order to compete.

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 ion program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this program. In that regard, I/we covenant 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 attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of 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. By signing, I authorize the City of Peoria to use and/or disclose certain protected health information (PHI) about me to any state licensing agency. I give my consent to the City to take photos/video of my child to be used by the City for program promotion.



Please Print Name:-_____

Signature: _____ Date: _____