



Parental Authorization for Pioneerland Library System Willmar Public Library Teen Glow in the Dark Capture the Flag

_____, Age ____ has registered to participate in **Teen Glow in the**
(Name of Registrant)

Dark Capture the Flag, a Pioneerland Library System sponsored activity.

We (or I) authorize the Pioneerland Library System or its designee to contact emergency personnel in the event that medical treatment becomes necessary. We (or I) will be responsible for all bills incurred as a result of illness or accident while the below-named registrant participates in the program, except bills covered by insurance. We (or I) hereby request that the Pioneerland Library System accept this registration for the enrollment of the Registrant for the Program.

In consideration of your acceptance of this registration, we (or I) hereby release the Pioneerland Library System, its employees and volunteers from all claims on account of illness, injuries, or diseases or any loss or damage to personal property which may be sustained by the below-named Registrant while participating in the Program, and we (or I) further agree to indemnify the Pioneerland Library System, its employees and volunteers for any claim which may hereafter be presented by the Registrant.

Date: _____

Registrant's name (printed): _____

Registrant's signature: _____

Parent or Guardian name (printed): _____

Parent or guardian signature _____

Emergency contact phone number: _____

Contact the Teen Services Librarian by phone at 320-235-3162 with any questions.
Please return completed forms to the Willmar Public Library by Monday, November 18th.