

**CITY OF VIRGINIA BEACH
DEPARTMENT OF PUBLIC LIBRARIES**

Waiver & Release of Claims, Permission Slip and Model Release

Pawsitive Reading at Kempsville Area Library

- In exchange for me and/or my child(ren), named here _____ (participants' name(s)), being allowed to participate in the above-referenced program, I agree to waive, release and forever discharge any and all claims, rights and causes of action against the City of Virginia Beach and their respective officers, officials, employees, and agents for injury or damage caused or alleged to be caused as a result of my or my child's participation in the above referenced program. I agree to this waiver and release for and for all my heirs, personal representatives, next of kin, and assigns.
- I understand and voluntarily assume all risks associated with my and my child's participation in the above-referenced program, including the possibility of accidental or other physical injury during the program and/or participation in programs conducted by the City of Virginia Beach, Department of Public Libraries, including programs co-sponsored by other agencies. This waiver and release of all claims and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia. If any portion of this document is held invalid, the remainder shall continue in full force and effect.
- My signature certifies that I grant permission for my child(ren) to participate in the **Pawsitive Reading at the Kempsville Area Library** ("Library") and further, will assure that, if dropped off at the Library, my child(ren) will know the arrangements for getting home in a safe and timely way.
- My signature certifies that I grant the City of Virginia Beach the right to photograph my child(ren), the right to use information provided during an interview, and the right to use said photographs and information in connection with the publicizing or promoting of the City of Virginia Beach, its services or departments and agencies.

I have carefully read and fully understand the meaning of this document. I agree to all the terms set forth herein, and I have voluntarily signed below.

Parent/Guardian Signature

Date

Emergency Contact Phone Number

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PUBLIC LIBRARY**
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