



## LIBROS SCHMIBROS LENDING LIBRARY

### CONSENT AND RELEASE

**STATEMENT TO PARTICIPANTS AND PARENTS:** Libros Schmibros Lending Library a project of Community Partners®, is a program intended to champion the pleasures of literature in everyone's life. Activities will include talking to the general public in our shop, some sorting and organizing of stock, and possible distribution of books in Boyle Heights on specially-prepared bicycles, including (but not limited to) the weekly farmers' market on Mariachi Plaza.

**PERMISSION AND RELEASE FROM LIABILITY:** I hereby give my child permission to participate with Libros Schmibros. My child's participation is purely voluntary and I fully support and agree to accept and assume any and all risks associated with his/her participation. On behalf of myself, my child, my heirs, executors, administrators and assigns, I hereby forever release, discharge, waive and relinquish any and all claims, demands or causes of action that I or my child may have against Community Partners® or their respective employees, volunteers, officers, directors, and associated organizations (cumulatively, "Community Partners"), which are in any way connected with my child's participation in this program, even if the claims are the result of passive or active negligence on the part of Community Partners. This release does not extend to intentional wrongs committed by Community Partners.

**MEDICAL AUTHORIZATION:** I hereby authorize, pursuant to the provisions of Section 6910 of the Family Law Code of California, or other applicable law, any medical treatment deemed necessary in the event of any injury while my child is participating in the program. I certify that my child has no medical or physical conditions that could interfere with his/her safety.

**PHOTO/MEDIA RELEASE:** I grant to Community Partners the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of my child in materials they may create or in newspaper, magazine or journal articles. The materials that we produce – brochures, informational videos, web sites, etc. – are vital in helping us generate support for the program. We will not exploit his/her image for profit in any way.

I UNDERSTAND THAT IF I AM NOT COMFORTABLE WITH THE STATEMENTS MADE ABOVE, I SHOULD NOT ALLOW MY CHILD TO PARTICIPATE IN THIS PROGRAM. MY SIGNATURE BELOW INDICATES MY AGREEMENT TO THE TERMS SET FORTH ABOVE.



*\* All information is required.*

\_\_\_\_\_\*  
Participant's Name (Please Print)

\_\_\_\_\_\*  
Parent's/Legal Guardian's Name (Please Print)

\_\_\_\_\_\*      Date: \_\_\_\_\_\*

Parent's/Legal Guardian's Signature

Address: \_\_\_\_\_\*      Telephone: \_\_\_\_\_\*

### Emergency Contacts

In case of an emergency, if we are unable to contact a parent please list person(s) who we may release your child to.

Emergency Contact #1:

Name: \_\_\_\_\_\*

Phone Number: \_\_\_\_\_\*

Emergency Contact #2:

Name: \_\_\_\_\_\*

Phone Number: \_\_\_\_\_\*