

**PARENT/GUARDIAN CONSENT AND RELEASE FORM
WYOMISSING PUBLIC LIBRARY
DUNGEONS & DRAGONS CLUB**

The undersigned Parent(s)/Guardian(s) of the child herein hereby grant(s) permission for said child to attend and participate in the Dungeons & Dragons Club being held at the Wyomissing Public Library.

Name of Children: _____

Dates of Birth: _____

ASSUMPTION OF RISK/RELEASE OF LIABILITY

I/We have determined that participation in this activity by my/our children is important and is of value and benefit to my/our children. I/We understand that the Library staff, Library volunteers, activity sponsors, and other officials will act in a reasonable manner to protect my/our child from injury and the safety of my/our children is of primary concern during all activities connected to the Dungeons & Dragons Club. I/we have considered and know of and acknowledge that my/our children have been informed of the activities being undertaken and know of the risks that may be incurred thereby, that are not limited to physical injury, disabling injury, and death, and I/we choose to accept any and all responsibility for his/her safety and welfare while participating in said Dungeons & Dragons Club and all its scheduled activities. With full understanding of the risks involved, I/we release and hold harmless the Wyomissing Public Library and all officers, employees, agents, and representatives of the Wyomissing Public Library from any and all responsibility and liability for any claim or cause of action, personal injury, or death arising out of or resulting from my children's participation in this Dungeons & Dragons Club and scheduled activities and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of injury, death, or damage caused by any accident or mishap involving my children while participating in this activity.

CONSENT TO MEDICAL TREATMENT/CERTIFICATION OF PHYSICAL CONDITION

I/We authorize and consent to emergency medical treatment for my/our child/ward and acknowledge should the need arise for such treatment while my/our child/ward is under the supervision of the Wyomissing Public Library, or its employees, agents, or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition for said medical treatment.

I/We hereby certify that my/our children are healthy and sufficiently physically fit and able to participate in this activity and know of no fact to the contrary which would limit his/her participation. If my/our children have any physical condition which might limit his/her activity or cause the same to become ill, it is listed below.

My children have the following medical condition(s) and take the following medication(s) on a regular basis: _____

My child has the following food allergies: _____

MATURE CONTENT WARNING: Although there are no graphic movies or videos that will be viewed in association with the Dungeons & Dragons game, situations and descriptions presented to the players verbally during game play may be too graphically violent or intense for younger or more sensitive children. IT IS THE RESPONSIBILITY OF THE PARENT TO DETERMINE IF THE MATERIAL PRESENTED IN THIS CLUB WILL BE APPROPRIATE AND ACCEPTABLE FOR THEIR CHILDREN. Every attempt is going to be made to accommodate game play for both the younger and more mature players. Please take this into consideration when deciding if your child should participate. Parents are welcome to supervise their child's game play during the Dungeons & Dragons Club.

PARENTAL PERMISSION IS REQUIRED FOR CHILDREN UNDER THE AGE OF 14.

In order for your child to attend Wyomissing Public Library's Dungeons & Dragons Club, you must sign below to indicate you have reviewed the above with your child and approve of their desire to join the club under the conditions listed.

I UNDERSTAND THIS DOCUMENT CONTAINS A FULL AND COMPLETE RELEASE.

Date: _____

Parent Signature

Printed Name: _____

Date: _____

Parent Signature

Printed Name: _____

The phone number I can be contacted should an emergency occur is: _____

The following person(s) _____ shall pick my children up. You have my/our authorization to release my children to this person's care.