## Port Jefferson Free Library

## TEEN CENTER

205 East Main Street, Port Jefferson NY, 11777 portjefflibrary.org/teens • 631-509-5707

## LIABILITY RELEASE FORM

EVENT: <u>Bowling</u>
DATE: <u>Friday, August 22, 2025, 5:00 - 7:00 PM</u>
LOCATION: <u>Port Jeff Bowl, 31 Chereb Ln, Port Jefferson Station</u>

PARTICIPANTS:

NAME:	AGE:	_
NAME:	AGE:	_
NAME:	AGE:	_
NAME: **LIST ANY ADDITIONAL PARTICIPA	AGE: INTS NAMES & AGES ON BACK	 K IF NEEDED
I give permission for my child(ren) to a specified date and time.	attend the off-site program to b	e held at the above location on the
I understand that my child(ren) must a participate.	arrive on time and if they are la	te, they may not be able to
I agree that I must pick up my child(reschild(ren).	n) promptly at 7:00 PM. Staff w	rill not wait after 7:00 PM with your
I understand that if my child(ren) is (a standards/game parameters stated by prior to the end time. I agree that if con	the librarians at the start of the	e event/game, I may be contacted
I agree not to hold the Port Jefferson Frinvolve my child(ren). If my child(ren) for any emergency medical care neede	should become seriously ill or	
Signature of Parent/Guardian		Date