

# Port Jefferson Free Library

## TEEN CENTER

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

### LIABILITY RELEASE FORM

EVENT: Giant Volleyball  
DATE: Friday, July 25, 2025, 3:00 - 4:30 PM  
LOCATION: Teen Center Parking Lot

#### PARTICIPANTS:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**\*\*LIST ANY ADDITIONAL PARTICIPANTS NAMES & AGES ON BACK IF NEEDED**

I give permission for my child(ren) to attend the program to be held at the above location on the specified date and time and understand that this program involves physical activity outside.

I understand that my child(ren) must arrive on time and if they are late, they may not be able to participate.

I agree that I must pick up my child(ren) from the school's field promptly at 7:30 PM. Staff will not wait after 7:30 PM with your child(ren).

I understand that if my child(ren) is (are) not behaving in a manner compliant with the safety standards/game parameters stated by the librarians at the start of the event/game, I may be contacted prior to the end time. I agree that if contacted by the librarians, I will pick my child(ren) up early.

I agree not to hold the Port Jefferson Free Library responsible for any accidents or mishaps which may involve my child(ren). If my child(ren) should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed.

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Signature of Parent/Guardian

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Date