Port Jefferson Free Library

TEEN CENTER

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

LIABILITY RELEASE FORM

EVENT: Be a Chocolatier
DATE: Friday, July 11, 2025, 11:00am–12:00pm
LOCATION: Kilwins, 109D Main Street, Port Jefferson NY, 11777

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 off-site program to be held at the above location on the specified date and time and agree to evaluate the program for allergy concerns.

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) promptly at 12:00 PM. Staff will not wait after 12:00 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.

_____ _____

Signature of Parent/Guardian Date