## 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>Fudge Workshop</u>
DATE: <u>Friday, July 25, 2025, 11:00am–12:00pm</u>
LOCATION: <u>Kilwins, 109D Main Street, Port Jefferson NY, 11777</u>

PARTICIPANTS:

NAME:	AGE:	
NAME:	_AGE:	
NAME:		
NAME: **LIST ANY ADDITIONAL PARTICIPANTS NAMI	_ AGE: ES & AGES ON BACK IF	R NEEDED
I give permission for my child(ren) to attend the ospecified date and time and agree to evaluate the		
I understand that my child(ren) must arrive on tipparticipate.	me and if they are late,	they may not be able to
I agree that I must pick up my child(ren) promptlyour child(ren).	y at 12:00 PM. Staff wil	l not wait after 12:00 PM with
I understand that if my child(ren) is (are) not behat standards/game parameters stated by the libraria prior to the end time. I agree that if contacted by	ans at the start of the e	vent/game, I may be contacted
I agree not to hold the Port Jefferson Free Library involve my child(ren). If my child(ren) should because for any emergency medical care needed.		
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Signature of Parent/Guardian		Date