

# ORANGE COUNTY PUBLIC LIBRARY

## REGISTRATION FORM & WAIVER

Wild Tails NC for Grades 6-12

Wednesday June 18, 2025 | 5:00pm - 6:00pm

Teens in 6<sup>th</sup> – 12<sup>th</sup> grade and their parents/guardians welcome\*

\*Participants must have already completed 6<sup>th</sup> grade or above during the 2023-2024 school year

Please list all teens and adults attending the program

PARTICIPANT'S NAME	Age (List n/a for adult)	Grade (List n/a for adult)	Program Name
			Wild Tails NC
			Wild Tails NC
			Wild Tails NC
			Wild Tails NC

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

**LIABILITY RELEASE** - In consideration of my/my child's participation in the aforementioned Orange County program or activity, I hereby release and discharge Orange County, Orange County Public Library(OCPL) and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of myself/my child by above said employees or agents to and from such programs or activities conducted as part of this OCPL program. I have informed Orange County staff of any physical and/or cognitive conditions that may hinder my/my child's participation in or enjoyment of the program or activity. I further understand that general liability insurance coverage is not provided by OCPL or any sponsoring agent.

**MEDICAL RELEASE** - This is to certify that I (participant above), or parent of above participant in the Orange County activity, hereby grant permission to the adult volunteer or supervisor of the program to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent, legal guardian, or emergency contact cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless OCPL, any sponsoring agent and any volunteer; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of any injury to the participant.

**PHOTO POLICY** - OCPL reserves the right to photograph and publish photographs of participants for publicity purposes. Photographs may also be shared with the program instructors.

\_\_\_\_\_  
PARENT OR GUARDIAN PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

137 W MARGARET LN  
HILLSBOROUGH NC 27278  
919-245-2525