

RELEASE AND PERMISSION FORM

I hereby consent to my child's participation in the Teen Halloween: Laser Tag event to be held at the West Des Moines Public Library on Friday, October 18, 2024. I represent that my child does not have a known medical or physical condition that would prevent him or her from participating in this event. I also understand and acknowledge that my child(ren) and I assume all risks associated with participating in this event and that we are responsible for our own actions.

I hereby agree to indemnify and hold the City of West Des Moines, the West Des Moines Public Library Board of Trustees, and their respective officials, employees, officers, and representatives harmless from and against any and all claims, suits, or demands for liability, loss, damage, cost, expense, or attorney's fees of any kind for any action or omission arising out of or otherwise related to the participation of my child(ren), with this activity, unless such act or omission is directly and proximately caused by negligence attributable to the City or the Library, and their respective officials, employees, officers, and representatives. I understand and acknowledge that the City of West Des Moines and its Library are not responsible for the intentional or reckless actions of any persons affiliated or unaffiliated with the City. I also understand and acknowledge that the City of West Des Moines and its Library are not responsible for negligent actions attributable to any persons who are not affiliated with the City or the Library, meaning that the person in question is employed by or associated with another person or entity.

I hereby agree to allow the City of West Des Moines, the West Des Moines Public Library, and their representatives to take photographs or videos during this activity and consent to the legitimate use of any such photographs or videos taken, including but not limited to the production in the news media, promotional materials, as well as social media generated by the City or the Library. I understand and acknowledge that my child(ren) and I are not entitled to any compensation or benefit in any form related to the use of any photographs or videos taken during this activity.

I further agree that, by signing this document, this Release and Permission Form will be binding upon myself, my child(ren), my heirs, next of kin, successors, and assigns.

This Release and Permission Form shall be construed broadly to provide a release and waiver to the benefit of the City of West Des Moines and its Library to the maximum extent permissible under applicable law.

I certify that I have read this document in its entirety and I fully understand its content. I am aware that this document constitutes a binding contract and I sign it of my own free will and sound mind.

Participant's Name(s) (Print): _____

Date: _____

Parent's / Guardian's Name(s) (Print): _____

Parent's / Guardian's Signature(s): _____

Parent's / Guardian's Phone Number: _____