



## PhenomeCON Teen Pop Culture Convention Consent and Release Saturday, August 3, 2019

I, the undersigned, am voluntarily participating in PhenomeCON 2019, a program of the Carnegie Library of Pittsburgh, and have permission to do so as evidenced by the signature of my parent/guardian below.

### Plan for the day:

1. Participants will meet at their local branch at the time designated by their Teen Specialist.
2. Participants will ride free, CLP provided transportation (either public or charter bus) with a staff member.
3. Participants will arrive at the Main Library (Oakland) at 10am, and remain there until approximately 4:30pm. Free lunch will be provided to all attendees who pre-registered, and to others as available. Participants will return to their home Library by 5:30pm.

- My teen will travel with the Library BOTH ways
- My teen will travel with the Library ONLY to the event
- My teen will travel with the Library ONLY home from the event

By signing below, I assume all risk and responsibility for any and all accidents, injuries, illnesses and conditions of any kind that may occur because of my participation in the program. By signing below, I hereby waive and release Carnegie Library of Pittsburgh, including, without limitation, their respective trustees, directors, officers, employees, agents and representatives, with respect to, any and all claims, suits, losses, damages, liabilities, judgments, costs or expenses (individually, claim and collectively, claims) arising in any manner from my participation in the program and trip, or any resulting illness, injury or condition; and I agree to indemnify, defend and hold harmless all of the foregoing from and against any and all such claims.



**PhenomeCON Teen Pop Culture Convention  
Consent and Release  
Saturday, August 3, 2019**

**By signing below, I acknowledge that I have read the foregoing in its entirety, and that I have had an opportunity to ask questions about the program. I understand the release and hereby consent to participate in the program.**

I also give permission for Carnegie Library of Pittsburgh to use any photographs, videotapes, motion pictures, recordings, or any other record of this program of my child/ward identified below for promotion and/or any other reasonable use. (Cross out this section if permission is NOT granted for promotion use.)

Signature of Teen \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

I am 18 and don't require the signature of a parent/guardian

Allergies/Dietary Restrictions \_\_\_\_\_

Any essential medications needed during field trip \_\_\_\_\_

Are there any accommodations you need? (for example, wheelchair accessible transportation or ASL interpretation). Please let us know one week in advance.

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Contact Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_