

**Anderson Public Library  
Teen Advisory Board  
Parental Permission and Release of Liability Form**



***This form must be completed and signed for  
the student to join the Teen Advisory Board***

**PLEASE PRINT**

STUDENT'S NAME

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

DATE OF BIRTH

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

ALLERGIES?

☐ No

☐ Yes

IF Yes, Please explain: \_\_\_\_\_

ADDRESS

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

EMERGENCY CONTACT

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

PRIMARY PHONE NUMBER  
(cell / home)

SECONDARY PHONE NUMBER  
(cell / home / work)

E-MAIL ADDRESS

*I do hereby give permission for the above student to participate in the Teen Advisory Board and all associated activities and volunteer work. I understand the nature of these activities and the associated risks of injury or loss of property. By signing this form, I release the Anderson Public Library and its employees from any claims made by the student or on behalf of the student should injury or loss of property occur as a result of his/her participation.*

*I acknowledge that I have read this Permission and Release Form and that I understand its contents and the consequences of signing. I also affirm that this form has been filled out fully and correctly.*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_  
DATE

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Lawrenceburg, Kentucky 40342  
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[www.aplkentucky.org](http://www.aplkentucky.org)  
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