



110 W State Street  
PO BOX 665  
Sedro-Woolley, WA 98284  
360.755.3985  
[www.centralskagitlibrary.org](http://www.centralskagitlibrary.org)

**For parents/guardians of minors (ages 10-17) only:**

I, \_\_\_\_\_, have legal custody of the person named above, a minor, and have given my consent for them to volunteer at the Sedro-Woolley Library, part of Central Skagit Library District (CSLD), effective from this date until the volunteer relationship is terminated by me, my child, or by the Library.

I understand that there are inherent risks involved in any program of this nature, and I hereby release CSLD, its agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

If my child is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by staff.

Should this child's activities be restricted for any reason? Please explain:

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_