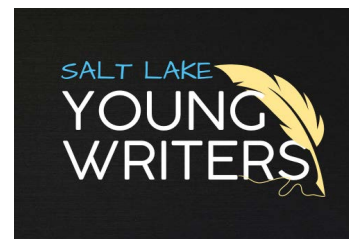


# Salt Lake Young Writers Parent/ Guardian Consent Form



## Waiver of Liability/Assumption of Risk

I, the parent/guardian of [Participant name, please print] \_\_\_\_\_, understand that the Salt Lake Young Writers program is an optional activity that is co-sponsored by the Salt Lake City Library and SLCC Community Writing Center. Attendance at and participation in this program or any of its activities is not required by any formal school district curriculum.

I grant permission for my child to participate in Salt Lake Young Writers 2025. I understand that my child is responsible for their actions and behavior at all times during their involvement in the program. I understand that there are risks associated with the activities including but not limited to risk of physical injury and risk of property damage (such as damage to clothing, or other belongings) or theft. I agree to assume all responsibility for any and all such risks for my child.

I hold the Salt Lake City Library, Salt Lake Community College and their officers, agents, and employees harmless for any and all liability in conjunction with this mentoring program and its individual activities, including transportation to and from events. I recognize that the Library and the College assume no responsibility for any accidents, damages, injuries, or other occurrences or losses of any kind associated with my and/or my child's participation in the event.

I verify that my child is physically and mentally capable of participating in the Salt Lake Young Writers program. I have indicated below any permanent or temporary medical or other condition(s), including special dietary and/or medication needs, which should be known and any medical provider who may provide treatment to my child:

In the event of any injury or illness suffered by my child, I authorize the Salt Lake City Library, the SLCC Community Writing Center or any of their representatives or mentors to act on my behalf and to obtain any necessary medical treatment for my child at my expense.

In case of emergency, I can be reached at:

Home:

Mobile:

Work:

Address (if different than participant):

\_\_\_\_\_  
Signature & Relationship with teen

Date:

\_\_\_\_\_  
Witness Signature

Date:



## Publicity Release

I, the parent/guardian of [Participant Name, please print] \_\_\_\_\_, understand that while my child is involved in the Salt Lake Young Writers program there may be written materials published, photographs taken, voice recordings made, or other records made of my child's image or likeness, including the publication of my child's name, for the purpose of promoting or publicizing the program and/or disseminating work prepared for the program. Some or all of these materials may be published on paper, on the Salt Lake City Public Library or SLCC Community Writing Center websites, or through other forms of electronic media.

I expressly permit my child's writing, image, likeness, and/or name to be used in connection with publicizing or promoting the Salt Lake Young Writers program and/or disseminating any work prepared by my child.

I further understand that neither I nor my child shall be entitled to any compensation or anything of value in connection with the use or dissemination of my child's writing, image, likeness or name.

I release and discharge the Salt Lake City Public Library and the SLCC Community Writing Center from any and all claims and demands arising out of or in connection with the use of the writing, image, likeness or name of my child, including any and all claims of libel.

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

\_\_\_\_\_  
Signature & Relationship with Teen

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

\_\_\_\_\_  
Witness Signature

**Please sign and return this form to the SLCC Community Writing Center (210 E. 400 S., Suite 8, Salt Lake City, UT 84111) or scan and email to [cwc@slcc.edu](mailto:cwc@slcc.edu). Thank you!**

