



Halifax Public Libraries Youth Off-Site Travel & Media Permission

Parent or guardian consent is required for children and youth under 18 traveling to and participating in supervised, off-site events.

Photography and/or video may be part of events. A media consent form is included for all parents and guardians of children and youth under 18.

This consent form is valid for the date(s) and event(s) listed. You can complete it online here, or print and submit at a Library branch.

Event Information

Teen Cook-Off: Chopped Finals
Thursday, January 23, 2020
6:00-8:00pm
Dartmouth North Public Library

Sarah Ziolkowska
ziolkos@halifax.ca
902-717-3764

Youth Participant Information

First Name: _____ Last Name: _____

Birth Date: ____/____/____
 DD / MM / YYYY

Youth Phone: (____) _____ - _____

List of Allergies: _____

Parent / Guardian Information

First Name: _____ Last Name: _____

Parent / Guardian Phone: (_____) _____ - _____

Parent / Guardian Email: _____

Emergency Contact Information

[] Emergency Contact information is the same as Parent / Guardian?

First Name: _____ Last Name: _____

Emergency Contact Phone: (_____) _____ - _____

Emergency Contact Email: _____

Staff Contact Information

Central Library
Donna Nicholson
nichold@halifax.ca
902-830-9807

Woodlawn Public Library
Anneka Janes
janesa@halifax.ca
902-476-9012

Halifax North Memorial Public Library
Sarah Ziolkowska
ziolkos@halifax.ca
902-717-3764

Travel Consent

I understand that participation in this event requires travel to an off-site location. I give permission for my child to participate in the event, and for Halifax Public Libraries to transport my child as follows:

Travel Arrangements to the event venue: (please check one)

I give Halifax Public Libraries permission to transport my child to the event from the specified departure location

My child will get to the event venue independently

Travel Arrangements returning from the event venue: (please check one)

I give Halifax Public Libraries permission to transport my child back to the specified departure location after the event

My child will return from the event venue independently

Departure/Return Location Information

Approximate Departure Time: 5:00 PM

Expected Return Time: 8:30 - 8:45 PM

Travel via: Taxi

If you've given Halifax Public Libraries permission to transport your child either to or from the event venue, please indicate the Departure/Return location (select only one):

Central Library

Woodlawn Public Library

Halifax North Memorial Public Library

Pick up arrangements: (if child returning to the above location)

After returning, my child will be picked up at the departure/return location

After returning, my child will travel home independently

Parent/Guardian Signature _____ Date: ____/____/____
DD / MM / YYYY

Media Consent

I give Halifax Public Libraries and its partners non-exclusive permission to use content (text quotes, interview material, audio, photos, images, or video) of and/or made by the participant for digital or print publications.

I understand that this may included but is not limited to, social media posts, websites, newsletters, advertisements, posters and pamphlets.

I also understand that on occasion, Library photos, video, audio, or publications may be shared with media outlets and community partners for use in promotions of Library events, initiatives, and stories.

I certify that no other person's permission is needed to authorize the use of said images or content.

I agree that Halifax Public Libraries cannot be held liable for images or content used with my consent.

Parent/Guardian Signature _____ Date: ____/____/_____
DD / MM / YYYY

Release of Liability

As the Parent/Guardian, I give permission for my son/daughter to participate in the event listed above.

I understand and agree that Halifax Regional Municipality, its officers and employees, and the Halifax Public Libraries, its staff members, its Board of Directors or its project funding partners will not be liable for accidents or injuries that occur during this program, or during travel to and from events.

I have read and understood all sections of this form, and that the information I have provided is full and correct.

Parent/Guardian Signature _____ Date: ____/____/_____
DD / MM / YYYY