Autauga-Prattville Public Library
Autaugaville, Billingsley, Marbury and Prattville
254 Doster Street, Prattville, AL 36067
334 365-3396, 334 365-3397 Fax
http://www.appl.info

As a TAB Member, you are required to gain 10 hours of volunteer time during the school year and 20 hours during the summer. The Teen Advisory Board also meets once a month on a regular basis during the school year. As a TAB Member you agree to abide by the Library Policies. All TAB meetings will take place at the library with a staff member present. Will this be an issue for you?

Date _____

Student Signature_____

Parent/Guardian Signature_____

MUST be signed by parent/guardian in order to be a TAB member. If you have any questions about TAB, email tbear@appl.info. Please return this application to the Autauga-Prattville Public Library.

CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, _____, parent or legal guardian of _____, born _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to _____.

_____

Signature of Parent or Legal Guardian

_____ _____

Witness Signature Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Telephone: Father _____ home _____ work

Mother _____ home _____ work

Child's Birthdate _____ Last Tetanus _____

Allergies to drugs or foods _____

_____

Special Medications, Blood Type or Pertinent Information

_____

_____

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____

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Release and Waiver of Liability for Volunteers

PLEASE READ CAREFULLY THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

This release and waiver of liability is executed on this date _____ by _____, a volunteer with Autauga Prattville Public Library, hereafter referred to as APPL, and if a minor child signed by the parent or legal guardian _____ in favor of APPL, a nonprofit organization, their directors, officers, employees and agents (collectively "APPL").

The Volunteer and Guardian desire that the individual (hereafter referred to as "Volunteer") work as a volunteer for APPL and engages in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include physical labor, repairing, clean-up, office, clerical work and/or delivery of materials. The Volunteer and Guardian understand and agree to perform all services as a volunteer in compliance with the rules, regulations, and policies of the APPL.

The Volunteer and Guardian do hereby freely, voluntarily and without duress execute the Release under the following terms:

1. RELEASE AND WAIVER: Volunteer and Guardian do hereby release and forever discharge and hold harmless APPL and its successors and assigns from any and all liability, claims, and demands of whatever kinds or nature, either in law or in equity, which arise or may hereafter arise from Volunteer activities with APPL. Volunteer and Guardian understand that this release discharges APPL from any liability or claim that the Volunteer or Guardian may have against APPL with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Volunteer's Activities with APPL, whether caused by negligence of APPL or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand that APPL does not assume any responsibility for or obligation to provide financial assistance, including but not limited to medical, health or disability insurance in the event of an injury. It is the practice of APPL that Activities be age appropriate and limitations be placed on participation under such guidelines as deemed necessary to safely and effectively conduct such Activities. Volunteers must be twelve (12) years of age or older. Ultra-hazardous activity such as using power tools, large-scale demolition and excavation, or working on rooftops is not permitted by anyone under the age of 18.

2. MEDICAL TREATMENT: Volunteer and Guardian do hereby release and forever discharge APPL from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with APPL or with the decision by any

representative or agent of APPL to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a minor child.

3. ASSUMPTION OF THE RISK: The Volunteer and the Guardian understand that the Activities may include work that may be hazardous to the Volunteer including, but not limited to, loading and unloading, transportation to and from work sites and relative destinations. Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in the Activities and release APPL from all liability for injury, illness, death or property damage resulting from Activities.

4. INSURANCE: The Volunteer and Guardian understand that except as otherwise agreed to by APPL in writing, APPL does not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each volunteer is expected and encouraged to obtain his or her own medical and health insurance coverage.

5. PHOTOGRAPHIC RELEASE: Volunteer and Guardian do hereby grant and convey unto APPL all right, title and interest in any and all photographic images and video or audio recordings made by APPL during the Volunteer's activities with APPL including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

OTHER: Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the Child Labor Laws of the State of Alabama, and that this release shall be governed by and interpreted in accordance with the laws of the State of Alabama.

Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

Volunteer and Guardian have executed this Release as of the day and year first written above:

Volunteer (Please Print Name) _____

Volunteer Signature _____

Parent/Guardian Signature_____

Address _____

Cell Phone _____ Work Phone _____

Home Phone_____

Witness_____