



**Release and Waiver of Liability Form
East Lyme Public Library
Read to a Dog Program**

***I hereby give permission for my minor child _____
to participate in the Read to a Therapy Dog program at the East Lyme Public
Library.**

***I acknowledge that while it is unlikely, this activity does carry with it the potential
for serious injury and/or property damage.**

***I certify that my child is not allergic to dogs, is comfortable around dogs, and
knows how to calmly interact with dogs.**

***My child will follow the instructions of the dog handler or library staff, as directed.**

***I hereby certify that if any harm does come to my child, I will not hold the East
Lyme Public Library nor its staff members or volunteers responsible.**

***I promise to stay in the Library for the duration of the reading session.**

Signed _____

Date _____

Printed Name _____

Phone Number _____

Email Address _____