



Books Inc. Junior Bookseller Permission Slip



Let your child help people find the books that will blow their minds, share them with new people, hang out in the bookstore, write reviews, and generally be their awesome, passionate self. And don't worry: Books Inc. pays in books. (For ages 8-18). Junior Bookseller shifts are: 1 hour for ages 8-10: 1.5 hours for ages 10-14, 2 hours for ages 14+.

Child's Availability for Junior Bookseller Shifts

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Parent/Guardian Statement: I, _____ (print name), am the custodial parent and/or legal guardian of _____ (print name of student). I give my permission for the student to participate in the Junior Bookseller Program for _____ hours on _____ (date).

Parent/Guardian Statement I acknowledge that my child's participation in the activity is completely voluntary, designed to engage children in the love of books and not actual employment . I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate. By signing this form, I release, indemnify, and hold harmless Books Inc. and it's employees from and against all claims for damages or injuries involving my child which occur as a result of misconduct, the actions or omissions of third parties, or relate to property which is not owned by Books Inc. I understand that for purposes of this Form, the term "employees" includes the Books Inc. owners, directors, employees and volunteers.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/legal guardian, cannot be reached in an emergency, I hereby give permission to the store staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

(Read carefully before signing.)

Date _____ Signature of Custodial Parent or Legal Guardian _____

Address _____ City _____ Zip _____

Emergency Contact Name (print) _____ Home Phone _____

Work Phone _____ Cell Phone _____

Parent or Guardian Email Address _____