



ONEIDA COMMUNITY LIBRARY 2026 SUMMER PROGRAM



ADULT PARTICIPANT INFORMATION

Participant Name: _____ DOB: _____

Email: _____ Phone #: _____

Address: _____

City: _____ Zip Code: _____

Participating in the Adult Program: Yes No

Are you Oneida? Enrolled Descendant Not enrolled

Are you an Oneida Employee? Yes No

HOUSEHOLD PARTICIPANT INFORMATION

Participant Name: _____ DOB: _____

Program: Youth (Under 18) Adult Program

Are they Oneida? Enrolled Descendant Not enrolled

Are they an Oneida Employee? Yes No

Participant Name: _____ DOB: _____

Program: Youth (Under 18) Adult Program

Are they Oneida? Enrolled Descendant Not enrolled

Are they an Oneida Employee? Yes No

Participant Name: _____ DOB: _____

Program: Youth (Under 18) Adult Program

Are they Oneida? Enrolled Descendant Not enrolled

Are they an Oneida Employee? Yes No

WAIVER OF RESPONSIBILITY: In consideration of your acceptance of this entry, for myself, heirs, executors, or administrators, I hereby waive and release any and all rights and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity, related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of library promotion.

Signature / Date

