

PAWS to READ Program Permission Form

l,	, authorize my
child,	, to participate in the
PAWS to READ program, sponsored by the San Lean	ndro Public Library, with dogs
provided by Valley Humane Society. I, the undersig	ned, in consideration of participation
in the PAWS to READ program, agree to indemnify	and hold the City of San Leandro
harmless, and release the City and its employees ar	nd agents from any and all liability for
any injury or loss which may be suffered by the abo	ove named individual(s) arising out of
or in any way connected with participation in the p	rogram. I acknowledge that San
Leandro takes photographs or other recordings of i	ts activities and events for publicity
and authorize the use of the image by the City.	
Date:	
Name of Parent/Guardian:	
Signature of parent/guardian	

San Leandro Public Library 300 Estudillo Ave., San Leandro, CA 94577 510-577-3960