

Young Adult
Lock-In Permission Slip

Participant Name: _____

Age: _____ Grade: _____

Participant Cell Phone #: _____

Home Address: _____

City, State, Zip: _____

Parent/Guardian Name: _____

Parent/Guardian E-mail: _____

Parent/Guardian Home Phone #: _____

Parent/Guardian Cell Phone #: _____

CONSENT FORM AND LIABILITY WAIVER

Please review this with your child.

I hereby give permission for the above mentioned to attend the Young Adult Lock-In on _____.
DATE

I assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby release and forever discharge Indian Valley Public Library, their officers, employees from any and all damages and causes of action either at law or in equity which I or my child have as a result of participation in or attendance at this activity sponsored by the library.

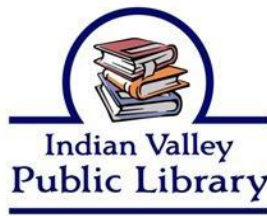
I understand that this is an after-hours lock-in program after the library has closed for the evening, supervised by library staff and adult volunteers. I grant my child permission to participate in all activities.

I understand that this is a public program and photos may be taken during the event that could possibly be added to the library's social media. I give permission for my child picture to appear on those media outlets.

I understand that my child is responsible for their own belongings and personal property, should anything be lost or damaged during this program.

I understand that my child may be viewing a movie rated PG-13(Films)/PG-14 (Television) or under during this event.

Unless other arrangements are made with a parent or guardian, each teen is expected to stay the entire event, and will only be released to their parent or guardian.



If my child misbehaves or breaks any of the rules, I understand that any Indian Valley Public Library staff member has the right to ask my children to leave the library. If my child is asked to leave, I understand that I will be notified, and that I will be expected to pick them up immediately.

Rules of the library conduct include but are not limited to refraining from the following: :

- Noisy or disruptive behavior
- Threatening, offensive or abusive language or behavior
- Harassment of employees or patrons
- Misuse or defacement of library facilities or materials
- Violating any state, federal or local law

I agree to comply with the rules for the Young Adult Lock-In at Indian Valley Public Library. I agree to listen to the library staff and volunteers. I understand that library employees are authorized to enforce these rules. The library reserves the right to revoke or restrict event privileges of any user for conduct contrary to these rules.

Printed Name of Participant:_____

Signature of Participant:_____

Printed Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____

In Case of Medical Emergency

I give permission for the supervising adults at Indian Valley Public Library to contact 911 for medical assistance for my child/ward, and consent to medical treatment as deemed necessary by emergency medical personnel. I will be contacted immediately if any emergency arises.

Comments/Medical Information:

Food will be served, please list any food allergies below: