

Stevens Memorial Community Library

Teen Lock-in Permission Slip

This permission slip **must** be signed by a parent or guardian.

Name of Teen: _____

Age: _____ Grade: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____

Additional Emergency Contact Name: _____

Phone: _____

Rules of Conduct for Teens

You will not be allowed to exit and re-enter the library. Once you check in at the circulation desk, you **MUST** remain in the library until the conclusion of the program at 11:00 PM. **Please make sure your ride is aware of the time the event ends and arrives promptly to pick you up.** Inappropriate conduct includes but is not limited to:

- Threatening, offensive, or abusive language and behavior
- Harassment of employees or other participants
- Misuse or defacement library facility or materials
- Violating any state, federal, or local law
- Violating terms of use for the computers

I agree to comply with the rules for the Library Lock-In. I agree to follow directions issued by library staff. I understand that library employees are authorized to enforce these rules. I understand that the library reserves the right to revoke or restrict event privileges of any user for conduct contrary to these rules.

Printed Name of Teen: _____

Signature of Teen: _____

Signature of Parent/Guardian: _____

CONSENT FORM AND LIABILITY WAIVER

I hereby give permission for _____ to attend the Library Lock-In at Stevens Memorial Community Library. I assume all responsibility for injury to my child and for injury my child may cause others or damages they may cause to property. I hereby release and forever discharge the Stevens Memorial Community Library and their employees from any and all damages and causes of action either at law or in equity which I or my child may have as a result of participation in or attendance at this activity sponsored by the library.

Signature of Parent/Guardian: _____ Date: _____

IN CASE OF MEDICAL EMERGENCY

I give permission for the supervising adults at Stevens Memorial Community 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.

Signature of Parent/Guardian: _____ Date: _____

BEHAVIOR

My child/ward and I understand that violating the Stevens Memorial Community Library's appropriate behavior policy will result in eviction. Parent/Guardian agrees to be available at one of the phone numbers listed on the night of the Lock-In.

Signature of Parent/Guardian: _____ Date: _____

Food and snacks will be provided throughout the night. Please list any food allergies or sensitivities: _____