

**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:** \_\_\_\_\_