



Permission Slip

Name: _____

Age: _____ Grade: _____ Do you have a library card? Y or N

Address: _____

City, State, Zip _____

Parent / Guardian Name(s): _____ Phone: _____

Additional Emergency Contacts:

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 front door, you **MUST** remain in the library until the conclusion of the program. **There are two pick-up times ONLY:** you may leave with a parent at **9 pm OR at 11 pm, Friday, August 1**. 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 of library facility or materials
- Violating any state, federal or local law
- Violating terms of use for computers
- We shouldn't have to say it... but please, keep your hands to yourself.

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: _____

Signature: _____

Parent / Guardian Name & Contact Number: _____

CONSENT FORM AND LIABILITY WAIVER

I hereby give permission for _____ to attend the Library Lock-in at the Keene Public Library. 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 Keene 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 may have as a result of participation in or attendance at this activity sponsored by the library.

Signature of Parent or Guardian

Date

IN CASE OF MEDICAL EMERGENCY

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

Signature of Parent or Guardian

Date

BEHAVIOR

My minor child/ward and I understand that violations of Keene Public Library's appropriate behavior policy or the enjoyment of others at this event will result in eviction. Parent/Guardian agrees to be available at one of the phone numbers listed above the night of the lock-in.

Signature of Parent or Guardian

Date

Dinner of pizza (Friday evening) will be provided along with additional refreshments throughout the night. Please list any food allergies or sensitivities below: