

# MASQUERADE MURDER MYSTERY

## Teen Lock-In Permission Slip

Name: \_\_\_\_\_ Age (12-19 only): \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Parent / Guardian Name(s): \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Library card? Y or N Pickup: 9-9:30 PM Picked Up By: \_\_\_\_\_

### RULES OF CONDUCT FOR TEENS

To help us prepare for the event, permission slips should be turned in by 9:00 PM on Thursday, June 23, 2022. Sign-in begins at 6:00 PM on Friday, June 24<sup>th</sup> in the library atrium and no one will be able to enter or exit the library between 6:30 PM and 9:00 PM.

**TEENS UNDER 18 MUST BE *SIGNED OUT* BY THE PERSON LISTED ABOVE.**

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.

Teen Printed name: \_\_\_\_\_

Teen Signature: \_\_\_\_\_

Parent / Guardian Name & Contact Number: \_\_\_\_\_

If you need to contact the library during the evening, please call  
**Jay Fee** (Teen Services Librarian) on his cell phone at **(802) 579-6250**.



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## 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

## WHAT TO BRING

- Fancy attire is highly encouraged for this masquerade event; masks can be made at the event. For costume suggestions, the synopsis, character descriptions, and more visit <https://www.yourmysteryparty.com/bloodwood>

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