

# 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: 9:00 PM Picked Up By: \_\_\_\_\_

## RULES OF CONDUCT FOR TEENS

To help us prepare for the program, please reserve your space by registering for the event on the library's website calendar. We ask that permission slips be turned in by 8:00 PM on Thursday, January 25, 2024 with all required fields completed, but we will accept them day of.

Sign-in begins at 6:00 PM on Friday, January 26th 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: \_\_\_\_\_

*Please continue to side 2 to complete all required Parent / Guardian Signatures*

If you need to contact the library during the evening, please call  
**Eleanor Green** (Teen Services Librarian) on her cell phone at **(585) 507-0883**.



# CONSENT FORM AND LIABILITY WAIVER

I hereby give permission for \_\_\_\_\_ to attend the Library Lock-in at the Keene Public Library. I understand that attendance of the Library Lock-in is consent for my child/ward to be photographed and/or recorded, and that those photographs/recordings may be used for promotional material for 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

Please list any life-threatening allergies or other conditions that library staff need to be aware of:

---

---

---

## 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 during the hours of the lock-in and pick up their child early if required.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

If you need to contact the library during the evening, please call  
**Eleanor Green** (Teen Services Librarian) on her cell phone at **(585) 507-0883**.

