

Winter Lock In Permission Slip

Morris Area Public Library- 604 Liberty Street, Morris IL 60450

Date of Event: Friday, Dec. 29, 2017. Questions before event? Mykayla or Rose N.- 815.942.6880; email mschlappi@morrislibrary.com

Attendee's Name: _____ Age: _____ Grade: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Name: _____ Emergency Phone #: _____
Alt. Contact Name: _____ Relation: _____ Phone #: _____

I understand that my child is required to follow all policies set by the Morris Area Public Library District ("Library"), including the Rules of Conduct. My child will not be allowed to exit and re-enter the event. Once he/she checks in at the front door, he/she is to remain in the library until the end of the program. If my child leaves before the event concludes, Library Staff is not responsible for my child. My child must arrive between 5:45 p.m. and 5:55 p.m. At 6:00 p.m. the doors will be locked and late arrivals will not be permitted inside. I am aware that the event ends at 12:00 a.m. I am responsible for ensuring that my child returns home safely and in a timely manner. I will be available to pick up my child if needed at any time during the event. If my child is not picked up from the event within 15 minutes of its end, or within 15 minutes of being notified during the event, the Library's Unattended Children Policy will be enforced.

CONSENT FORM LIABILITY WAIVER AND INDEMNIFICATION

I hereby consent to and approve of my child's participation in the Winter Lock In to be held in the Morris Area Public Library. I hereby assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby release and discharge the Morris Area Public Library District, its Directors, Officers, Employees, or Agents from any and all claims, causes of action, losses, or other damages resulting from, arising out of, or relating in any way to the participation of my child in this event. I agree to indemnify and hold harmless the Morris Area Public Library District and its Directors, Officers, Employees and Agents from any and all claims, causes of action, losses, attorneys' fees, costs or other damages resulting from, arising out of or relating in any way to the participation of my child in this event.

IN CASE OF MEDICAL EMERGENCY

I give permission for the supervising adults at the Morris Area 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 at my given phone number if any emergency arises.

BEHAVIOR

My child and I understand that violations of the Library's policies at this event will result in expulsion from the event. I understand that Library employees are authorized to enforce these rules. The Library reserves the right to revoke or restrict event privileges of any user for conduct contrary to these rules. I assume responsibility for the behavior and safety of my child while he/she is in, on, or about the premises.

Parent/Guardian agrees to be available at one of the phone numbers listed above the night of the lock-in. The alternate contact will be available to pick up the child in case of an emergency or if parent/guardian is unavailable. Please ensure that the alternate contact has knowledge of this event beforehand.

Notices:

- * I have notified library staff of any food allergies or other health concerns that staff should be aware of.
- * I give the library permission for my child to watch PG/PG-13 movies & play games rated "T" at the lock-in.
- * I give the library permission to take photos/videos of my child during the event & use them to promote the Library, its programming, and services.
- * Completed form must be returned to the Circulation Desk in order to register for this event. Teens will not be allowed to attend or register without submitting this completed form by Thursday, December 28 at 5.30 p.m. Maximum attendance is 20 attendees.

By signing this permission form, I understand what is expected of me and my child at this event. My child and I agree to comply with the Library's policies and event information as outlined herein. I also verify that the contact information provided above is correct and I will notify the Library of changes to the contact information prior to the event.

Signature of Parent/Guardian	Printed name	Date
Signature of Attendee	Printed name	Date