

Leavenworth Public Library

After-Hours Event Parent/Guardian Permission

Completed form must be returned to the Library by Thursday, July 21, 2022

TO BE FILLED IN BY TEEN PARTICIPANT:

Participant's Name _____ Age _____

Address _____ Grade _____

Home Phone _____ Cell Phone _____

By signing my name below, I agree to abide by all the rules of the Leavenworth Public Library and to follow the directions of the Library staff. I understand that if I do not, my parents/guardians will be called and required to pick me up. I also understand that if I do not arrive at the library on time, I will not be able to enter the library to attend the event.

Signature of Participant _____ Date _____

TO BE FILLED OUT BY PARENT/GUARDIAN OF TEEN PARTICIPANT:

I, _____, (print full name) am the parent/guardian of _____, who desires to participate in an after-hours event at the Leavenworth Public Library.

The building will be closed to the general public and remain locked during the event for the safety of both staff and participating teens. *Participants must arrive on time in order to attend the event.*

Parent/Guardian Initials: _____ I give permission for my child to attend the Leavenworth Public Library's after-hours event. I hereby assume all risk of injury, damage, and harm to my child which may arise from my child's use of the facilities and participation in the after-hours event. I further agree to release and hold harmless the Leavenworth Public Library and its employees, accept all responsibility for my child and agree to pay for any and all injuries, losses, or costs caused by or incurred by my child while at this event.

Parent/Guardian Initials: _____ I understand the Library does not permit behavior that damages library property or materials, disrupts an event or program or interferes with the enjoyment of an event or program by others. I understand that if my child engages in inappropriate behavior, I will be called and asked to pick my child up immediately.

I may be reached at the following phone number _____

Should the Library be unable to contact me, an alternative contact is:

Full Name _____ Phone _____

When leaving the after-hours event: (check one)

- I will pick up my child
- My child will go home on their own

Signature of Parent/Guardian _____ Date _____