

LIBRARY AFTER HOURS: LOVE STINKS CHOCOLATE FEST - PERMISSION FORM

2/15/2019

Teen's Name: _____

Age: _____ Grade: _____ School: _____

Allergies: _____

Dietary Needs/Restrictions: _____

I give permission for my teen to attend the Library After Hours program at the Salem Public Library on 2/15/2019.

All participants must be AT THE LIBRARY **no later than 5:00pm** on 2/15/2019 and **must stay in the building until picked up by a parent/guardian (or designated adult) at 7:00pm.** I understand that my teen must adhere to the library's behavior policy which includes no fighting, yelling, use of obscenities, rowdy behavior, verbal abuse, and other disorderly behaviors that interfere with others. If my teen behaves in an inappropriate manner I understand that I may be contacted prior to the **end time of 7:00pm.** I agree that if contacted to pick-up my teen that I will come to Salem Public Library and take my teen home immediately.

In consenting to participation in this program, I/we agree to forever release, discharge, and covenant to hold harmless the City of Salem and/or the Salem Public Library and its successor, departments, officers, employees, servants, and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses of any kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor child arising out of or resulting, directly or indirectly, from my child's participation in the After Hours program, and also all claims or rights of action for damages which said minor has or hereafter may acquire, either before or after she/he has reached her/his majority resulting or to result from her/his participation in this program.

We/I also agree to defend and INDEMNIFY the City of Salem and/or the Salem Public Library and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation, or otherwise, including attorney's fees, they may have to pay if any claim arises from my/our child's intentional, grossly negligent, or reckless acts or omissions while participating in the program.

If my teen should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed. It is understood that I (the undersigned parent or guardian) will be responsible for expenses incurred in the event of such treatment. I hereby release the City of Salem and/or the Salem Public Library from any and all claims of any nature whatsoever, which may arise out of the decision to seek emergency medical care.

I understand that this program **may be photographed for library promotional purposes, and agree to inform the program staff if I do not want my teen photographed.**

I agree to pick up my teen **outside the main entrance at 7:00pm on 2/15/2019.**

Name of Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Signature of Parent(s) or Guardian(s)

Date

If someone other than the parent or guardian listed below will be picking up your teen, please fill out the following: I agree to allow _____ (please print name) to pick up my teen from the Salem Public Library's After Hours program. Phone number(s) for person other than parent/guardian picking up teen _____.