

Teen Lock-In Permission Form

The Willmar Public Library Teen Lock-In gives teens ages 13+ the opportunity to spend an entire night in the library playing games, watching movies, and hanging out with other teens.

I grant my permission for _____ to participate in the Teen Library Lock-In from **9pm Saturday, July 14 to 6am Sunday, July 15.**

By signing this form, I understand that:

- My teen must arrive at the library between **8 and 9pm on Saturday, July 14.** At **9pm**, the doors will be locked and late arrivals will not be permitted inside.
- I will be called if my teen does not arrive at the event by **9pm.**
- Once the lock-in begins, my teen will not be allowed to leave the library.
- My teen will not be permitted to act in a manner deemed unacceptable by the library staff or chaperones. I will be called if there is any unacceptable behavior regardless of the time.
- My signature below gives permission for my teen to watch PG/PG-13 movies during the lock-in.
- My signature below gives the library permission to take photos and record videos of my teen during the event and use them to promote the library, its programming, and services.
- I agree that I will pick my teen up from the lock-in on **Sunday, July 15** between **6 and 7am**, or that I will make other arrangements to ensure that my teen has a safe ride home from the lock-in. I understand that if I have not arrived within 30 minutes of the final pick-up time, and library staff is unable to contact me, it is library policy to contact the police.

Parent/Guardian Contact Information

Name: _____ Relationship: _____

Phone: _____

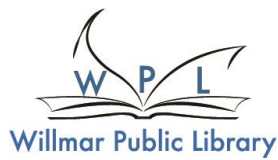
Alternate Contact Information (in case of emergency):

Name: _____ Relationship: _____

Phone: _____

Please list any food allergies or medical conditions your teen has that we should be aware of:

Contact the Teen Services Librarian by phone at 320-235-3162 with any questions.
Please return completed forms to the Willmar Public Library by Monday, July 9.



Parental Authorization for Pioneerland Library System Willmar Public Library Teen Lock-In

_____, Age ____ has registered to participate in the **Teen Lock-In**,
(Name of Registrant)
a Pioneerland Library System sponsored activity.

We (or I) authorize the Pioneerland Library System or its designee to contact emergency personnel in the event that medical treatment becomes necessary. We (or I) will be responsible for all bills incurred as a result of illness or accident while the below-named registrant participates in the program, except bills covered by insurance. We (or I) hereby request that the Pioneerland Library System accept this registration for the enrollment of the Registrant for the Program.

In consideration of your acceptance of this registration, we (or I) hereby release the Pioneerland Library System, its employees and volunteers from all claims on account of illness, injuries, or diseases or any loss or damage to personal property which may be sustained by the below-named Registrant while participating in the Program, and we (or I) further agree to indemnify the Pioneerland Library System, its employees and volunteers for any claim which may hereafter be presented by the Registrant.

Date: _____

Registrant's name (printed): _____

Registrant's signature: _____

Parent or Guardian name (printed): _____

Parent or guardian signature _____

Emergency contact phone number: _____

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