Spooner Memorial Library "Teen Powered" Lock-in Permission Slip

I grant my permission for	_ to participate in the Teen Powered Lock-in
beginning March 9th, 7:00 p.m. and ending March 10	0, 7:00 a.m. at the Spooner Memorial Library,
421 High Street, Spooner, WI 54801. Teens must b	e 11-18 years old and attending school (public,
private, or home) during the 2023-2024 school year	to participate. Teens will be supervised by adults
that have passed a background check.	

By signing this permission form, I understand the following:

- My teen must arrive between 6:45 PM and 7:15 PM. At 7:15 PM the doors will be locked and late arrivals will not be permitted. They must be picked up between 6:45 AM and 7:15 AM. Early pickups will not be permitted unless arranged beforehand or in case of an emergency.
- I will be called if my teen does not arrive at the event before 7:15 PM.
- My child will be expected to be respectful and follow rules set by the library staff and adult supervisors. If there are any issues, the library staff and supervising adults may contact me to pick my child up at any time during the event.
- I give permission for my child to attend the "Teen Powered" lock-in event at the Spooner Memorial Library. I assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby agree to indemnify and hold harmless the Spooner Memorial Library and all supervising adults 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.
- I give permission for the supervising adults at Spooner Memorial Library to contact 911 for medical assistance for my child named above, and consent to medical treatment as deemed necessary by emergency medical personnel.
- I give permission for my teen to watch PG/PG-13 movies during the lock-in.
- My child is solely responsible for the personal property that they bring to the event.
- I give permission for library staff and supervising adults to take photos and record videos of my teen during the event and use them to promote the library, including their programming and services.

Parent/Guardian Name:			
Would you like us to check Identification upon pickup (circle one)? Yes No			
My teen will get home by (circle one): Walking	Parent Riding w/ another adult:		
Parent Cell Phone:	Parent Alt Phone:		
Parent Email Address:			
Parent Address:			
Emergency Contact 1 (Name, Relationship, Ph	one):		
Danier 1/Occarding Cinerature	Data		
Parent/Guardian Signature:	Date:		

Note: Permission forms must be turned in by Wednesday, March 6th at 8:00 PM. Permission forms will not be accepted after that date. Registration will be capped at 30 teens, so please turn in permission forms as early as possible to secure a spot. A waiting list will be available.

Health Information

Does your participating teen have any diet aware of?	tary restrictions or medical needs that we should be
Teen Code of	Conduct Agreement
March 10, 7:00 a.m., I agree to respect the I supervising adults. I will follow instructions guardian and I both understand that if there	and agree to abide by library rules. My parent/legal e are any issues, library staff/volunteers may contact me during the event. I acknowledge that I am
Inappropriate conduct includes but is no	ot limited to:
 Threatening, offensive, or abusive later. Harassment of employees or other. Misuse or defacement of library fact. Violating any state, federal or local. Violating terms of use for computers. We shouldn't have to say it but play public displays of affection). 	participants ilities or materials law
 Things to bring: Phones and Laptops are permitted. Sleeping bag and/or pillow for relax 	Please do not bring video game consoles. ing during movie screenings.
Teen Name [Printed]	Teen Signature
 Date	

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