

2019 Teen Summer Reading Program Lock-In Permission Slip
Friday, July 26th 2019, 6-10 PM

- All participants must be between the ages 11-17 or (grades 6th-12th); due to limited space, no parents or guardians will be allowed to stay in the library.
- **Due to restrictions placed by the RPL board, teens must watch one author chat or they cannot attend.**
- Food and soft drinks will be provided. Participants with dietary concerns should notify staff more than 24 hours prior to the event or bring their own meal.
- **The building will be locked by 6:30pm.** No one will be allowed in after that time, nor will they be allowed to exit and re-enter the program.
- The doors will be unlocked at 9:45pm, and teens can be picked up or leave at that time. **Teens must be picked up by 10:15pm.** For their safety, teens not picked up by 10:15pm will be taken into custody by the Salisbury Police Department. This is not an overnight event.
- The standard rules of library conduct apply, including no disruptive behavior, threatening/offensive language or behavior, or violating any state, federal, or local law.
- **This signed and completed permission form can be returned to Sydney Smith at the Salisbury branch or any branch of Rowan Public Library.**

I HEREBY GRANT THE ROWAN PUBLIC LIBRARY RIGHT TO USE AND/OR REPRODUCE PHOTOGRAPHS OR LIKENESSES MY CHILD IN ANY LEGAL MANNER FOR THE PUBLICATIONS AND WEBSITE OF THE LIBRARY. I FURTHER UNDERSTAND THAT BY SIGNING THE RELEASE, I WAIVE ANY AND ALL CLAIMS, DEMANDS OR ACTIONS MY CHILD AND I MAY HAVE AGAINST THE LIBRARY ARISING OUT OF ITS USE OF THE ABOVE MATERIAL, INCLUDING ANY RIGHT TO PRESENT OR FUTURE COMPENSATION.

I HEREBY RELEASE AND HOLD HARMLESS ROWAN COUNTY AND STAFF OF THE ROWAN PUBLIC LIBRARY FROM ANY LIABILITY FOR ANY CLAIM OR DAMAGE, INCLUDING PERSONAL PROPERTY AND BODILY INJURY, WHICH MAY RESULT DURING THE EVENT. I ALSO UNDERSTAND THAT IF MY TEEN VIOLATES THE ROWAN PUBLIC LIBRARY'S RULES OF LIBRARY CONDUCT I WILL BE CALLED AND ASKED TO PICK HIM/HER UP IMMEDIATELY.

Teen's Name (Print): _____

Teen's Age: _____ Grade: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Phone Number: _____

When leaving the Lock-In... (Choose One):

- I will pick up my teen
- My teen will drive him/herself home
- My teen will go home with a friend (Print friend's name): _____
- Other (Describe): _____

I AGREE TO COMPLY WITH THE RULES FOR THE TEEN SUMMER READING PROGRAM LOCK-IN. I AGREE TO LISTEN TO LIBRARY STAFF. 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.

PARENT'S SIGNATURE: _____ **DATE:** _____

TEEN'S SIGNATURE: _____ **DATE:** _____

Questions? Contact Sydney Smith at
704-216-8229 or Sydney.Smith@rowancountync.gov