

## Library After Dark Permission Slip

Dear Parent/Guardian,

On Friday, February 3 at 6pm-7:30pm, the Teen Library Council (TLC) will participate in a Library After Dark program. This program will take place at the library after closing, and the teens will get to play games under the supervision of library staff. This program is for **teens only** (ages 10-18).

Please fill out this form and turn it in to library staff at or before the event. Completed forms may be turned into a staff member at the library, or emailed to [kaitlyn@wblibrary.org](mailto:kaitlyn@wblibrary.org). Teens must have a form completed in order to participate in Library After Dark.

Teen's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Teen: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in the Library After Dark program on Friday, February 3, 2023 from 6pm-7:30pm at Wells Branch Community Library. My child will not be allowed to exit and re-enter the program and latecomers will not be permitted after 6:10pm. I understand that my child must be picked up promptly at 7:30pm. Teens remaining at the library at 7:45pm will be picked up by Travis County Sherriff's Department.

Name of Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns, email Kaitlyn at [Kaitlyn@wblibrary.org](mailto:Kaitlyn@wblibrary.org). (512) 989-3188

Consent Form and Liability Waiver

I hereby give permission for \_\_\_\_\_ to attend the Library After Dark Program at Wells Branch Community Library. I assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby release and forever discharge Wells Branch Community Library and their staff from any 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In Case of Medical Emergency

I give permission for the supervising adults at Wells Branch Community 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 will be contacted immediately if any emergency arises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Behavior

My minor child and I understand that violations of Wells Branch Community Library's appropriate behavior policy or the enjoyment of others at this event will result in eviction. Parent/Guardian agrees to be available at one of the phone numbers listed above the night of the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date