

LIBRARY TEEN OVERNIGHT PERMISSION FORM

Friday, August 16th, 2024

Teen's Name: _____

Age: _____ Grade: _____

Allergies: _____

Dietary Needs/Restrictions: _____

Required Medications: _____

I give permission for my teen to attend the Library Overnight program at the Rosenberg Public Library on Friday, August 16th, 2024.

All participants must be AT THE LIBRARY **between 7:30pm and 8:00pm on 08/16/24** and **must stay in the building until 7:30am to 8:00am on 08/17/24**. I understand that my teen must adhere to the library's behavior policy which includes no fighting, yelling, use of obscenities, overly 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 8:00am on 08/17/24**. I agree that if contacted to pick-up my teen that I will come to the Rosenberg 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 Rosenberg 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 Teen Overnight 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 Rosenberg 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 and you will contact me (the undersigned parent or guardian) at the first available opportunity. 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 Rosenberg 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 at the **MAIN NORTH ENTRANCE** **between 7:30am and 8:00am on 08/17/24**, or

___ My teen will leave with someone else (insert name) _____, or

___ My teen will leave on their own accord.

Name of Parent or Guardian: _____

Home Phone: _____ **Cell Phone:** _____.

Signature of Parent(s) or Guardian(s)

Date