

TEEN LOCK-IN
Campbell County Public Library
Newport Branch
Saturday, July 27, 2019

Permission Slip

TO BE FILLED IN BY THE YOUNG ADULT PARTICIPANT:

Name: _____

Address: _____

Telephone Number: _____

Age: _____ School: _____ Grade: _____

By signing my name below, I agree to abide by the rules of the Library and to follow the directions of the chaperones. I understand that if I do not, my parents will be called and I will have to leave the *Teen Lock-In*. All bags and items will be checked at the door.

Signature of Young Adult Participant: _____

Date: _____

.....
TO BE FILLED IN BY THE PARENT/GUARDIAN OF THE YOUNG ADULT PARTICIPANT:

I, _____, give permission for my child,
(Name of parent or legal guardian)

_____, to attend the lock-in at the Newport.
(Name of child)

Branch Library from Saturday, July 27, 2019 at 7:00PM to Sunday, July 28, 2019 at 7:00AM. I understand that this event is supervised and regulations of the Library are to be followed. I also understand that my child will be allowed use of computers; video games with a Teen or lower rating; view films with a PG-13 or lower rating; and listen to music moderated by the chaperones. Pizza and snacks will be provided by the library. Any kind of sleeping bags, pillows or bed items must be brought, but most likely not used, by the teen.

(OVER)

I hereby release the Campbell County Public Library from any liability for any claim or damage which may result during the event itself.

During the time of the *Teen Lock-In*, I may be reached at the following number:

_____ or _____

Should the Library be unable to contact me, an alternative contact is:

Name: _____ Phone: _____

Please describe any special needs of the participant (allergies, medicines, dietary restrictions, etc.):

My child is able to take his/her own medicine during the evening if needed: Yes/No

I agree to pick up my child at the Newport Library at 7:00am on Sunday, July 28, 2019.

Signature of parent/guardian: _____ -

Date: _____

**PLEASE RETURN THIS FORM TO THE
NEWPORT BRANCH LIBRARY
BY WEDNESDAY, JULY 23, 2019.
IF WE DO NOT RECEIVE YOUR FORM BY JULY 26TH,
YOUR CHILD WILL LOSE THEIR SPOT
AT THE LOCK-IN.**



Campbell County Public Library

Photo Release Form

Revised 1 Sept 2012

I, _____, do hereby give the Campbell County Public Library and its representatives permission to print and publish my/our names and photos for the use of Library promotion. This could include the Library's Web site, newsletters, flyers, social media pages owned by the Library, displays, calendars, brochures and other uses that serve Library needs. I waive the right to inspect or approve the final product and also waive ownership rights. By this permission, I understand that I will not be compensated for the use of this photo.

Name: _____ **Date:** _____

Address: _____

City: _____ **Phone:** _____

Names and ages of minor children included in above release (if applicable):

Photos taken become and remain the property of the Campbell County Public Library.

Signature _____

_____ **For Use by Library Staff:** _____

Program/Event: _____ Location: _____ Photo Number: _____

Identifying Descriptions: