

Flower Mound Public Library
Lock-in Permission Form
2019

Name: _____

Age: _____ Grade: _____

Dietary Needs/Restrictions: _____

I give permission for my teen to attend any lock-ins held at the Flower Mound Public Library after the library is closed. This permission applies to the 2018 calendar year. A new permission form must be signed each year.

All participants must be in the library at the start of the program and must leave when the program is over, unless they have arranged for early pickup. All teens must have transportation at the end of the program, whether they are driving themselves or being picked up by a parent or guardian.

I understand that my teen must adhere to the library's behavior policy which includes no fighting, yelling, use of obscenities, 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 the program. I agree that if contacted to pick up my teen that I will come to Flower Mound Public Library and take my teen home immediately.

I agree not to hold Flower Mound Public Library responsible for any accidents or mishaps which may involve my teen. I and my teen have total responsibility for any personal injuries, property damage, or any other loss, damages, or expenses resulting from my teen's negligent, wrongful, or malicious conduct while participating in this program. **I AM FULLY RESPONSIBLE FOR MY TEEN AND WILL HOLD HARMLESS FLOWER MOUND PUBLIC LIBRARY AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ALL CLAIMS ARISING OUT OF THE NEGLIGENT, WRONGFUL, OR MALICIOUS CONDUCT OF MY TEEN OR ARISING OUT OF OR IN RELATION TO MY TEEN'S PARTICIPATION IN THIS PROGRAM.**

If my teen should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed. It is understood that I (the undersigned parent or guardian) will be responsible for expenses incurred in the event of such treatment.

If someone other than a parent or guardian will be picking up your teen, please fill out the following. I agree to allow _____ (please print name) to pick up my teen from the Flower Mound Public Library's lock-ins.

Phone number for person other than parent/guardian picking up teen _____

Check here if your teen may drive home from the library.

Name of Parent or Guardian: _____

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

Signature of Parent/Guardian (or Teen, if age 18)

Date