

Library After Hours Waiver (Tweens/Teens)

Parent/Guardian Name _____

Street address _____ City _____ Zip _____

Best number to reach _____

Secondary Emergency Name _____ Secondary Emergency Phone _____

Additional Comments/Allergy/Medical Information _____

Participant Name _____ Age _____

Participant Name _____ Age _____

Participant Name _____ Age _____

(Participant) Rules/Guidelines

When I am in the program I cannot leave the building unless given permission.

I may only leave the library with my parent/guardian at the end of the program unless staff is notified otherwise.

I may not roam the library.

I am in charge of keeping track of my own personal property, including if anything is lost or damaged.

I will report any injuries or illness to staff immediately.

I will follow instructions given by staff.

I will clean my space before leaving the program.

Participant Initials _____

Parental/guardian agreement:

I will pick up on time.

I understand that this is a Tens to Teens program and content viewed during the program may be rated up to TV-14 (tv series) / PG-13 (movies)

“Programs rated TV-14/PG 13 may contain some material that parents or adult guardians may find unsuitable for children under the age of 14.”

Staff will view material to be shown before program, and will give warning to participants of any content descriptors defined by the FCC.

Furthermore, staff will not be held liable for showing content that parents/guardians deem unnecessary or inappropriate.

**I hereby agree to indemnify and hold harmless the Clive Public Library and City of Clive, its agents, commissioners, officer, volunteers, and employees (*Released Parties) from any and all liability for personal injuries or damages I may hereafter sustain while participating in, traveling to from, or observing of the Department sponsored activities whether such personal injuries or damages are caused by negligence of the Released Parties or otherwise, to the full extent permitted by law. I also give my permission for any photos/videos of these participated taken during the program to be used for future department promotional materials. The individuals listed on the registration form have my permission to participate in the listed programs.

Parent/Legal Guardian _____ Date _____