

Columbus Public Library Teen after Hours Night

May 2023-May 2024

Friday 6:00pm-9pm

**** Permission form must be turned in by 5pm on the Wednesday prior to the event. Permission form valid for all Teen after Hours events running from May 2023 to May 2024. Sign up required for each event, held one Friday per month. Limit of twenty five (25) 7th-12th grade students to attend each event. ****

I, _____, am the legal parent/guardian of _____ (herein referred to as "my child/ward"). I hereby explicitly consent to and grant my child/ward permission to participate in the Columbus Public Library's after hours event beginning Friday at 6:00 pm and ending Friday at 9:00 pm at the Columbus Public Library, 2500 14th St. Columbus, NE.

By signing this permission form I acknowledge, understand, agree, and consent to the following:

- My child/ward is currently in the 7th-12th grade.
- My child/ward shall follow current library board policies, including the conduct policy. Failure to adhere to library policies may result in loss of program participation. I will be notified if this occurs, and will retrieve my child/ward from the library immediately.
- I shall provide a contact number where I can be reached during the event in case of emergency.
- I understand that if I am unable to be reached the police may be called to retrieve my child/ward.
- My child/ward must arrive between 5:45 pm and 6:00 pm on the scheduled event Friday. I understand that at 6:00 pm the doors will be locked and if we arrival late my child/ward will not be permitted inside.
- I give permission for my child/ward to watch PG/PG-13 movies during the event.
- I give the library and the City of Columbus permission to take photos and record videos of during the event and to later use them to promote the library without payment or notice to me or my child/ward.
- I understand that any medical expenses, property loss, or other personal expenditures that result during or from this trip, are to be borne solely by myself.
- I, on behalf of myself and my child/ward, knowingly and freely assume all risk(s) associated with participation in this program (which includes, but is not limited to: physical injury, illness, death, and property loss), both known and unknown, including those that may arise out of the negligence of other participants and/or the alleged negligence of City of Columbus and its Library, or any of its employees or representatives. Furthermore, I, for myself and my child/ward will assume the risks associated with participation in this program and accept that there are also risks that may arise due to other participants which I also willingly assume.
- I further understand there is an inherent risk of possible exposure to and contracting of COVID-19 by myself and/or my child/ward. I, on behalf of myself and my child/ward, knowingly and freely

assume the health risks associated with participation in this event as a result of the potential presence of COVID-19.

- In consideration of the program afforded, with full knowledge and acceptance of the risks associated with this program, and with full understanding of the above issues/conditions, I hereby release, and hold harmless the City of Columbus, its employees, representatives, officers, and volunteers.
- The invalidity/unenforceability of any provision of this document shall not affect the validity/enforceability of any other provision of this Agreement, which shall remain in full force and effect.

My child/ward will get home by either (circle one):

1. Walking
2. Driving
3. Parent Pick up by 9:00pm

Does your child have any food allergies: YES NO

If so, please list the allergy: _____

Parent/Guardian Signature _____ Date: _____

Parent Phone _____ Parent Alt Phone: _____

Parent Email _____