



PROGRAM PERMISSION FORM

Name of Program: **Paranormal Teen Lock-In**

Date and time of program: **Friday, October 27, 2017, 5-8 p.m.**

Name: _____

Age: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____

Emergency Contact: _____ Phone: _____

(must be different than name/number given above)

Does your child have any special needs, dietary restrictions, medical conditions, or take any medications of which we should be aware? Yes No

If yes, please explain: _____

IN AN EMERGENCY, THE PROGRAM SUPERVISOR HAS MY PERMISSION TO TAKE MY CHILD TO THE EMERGENCY ROOM OF THE NEAREST HOSPITAL OR URGENT CARE FACILITY OR TO CALL AN AMBULANCE WITHOUT THE NECESSITY OF FIRST CONTACTING ME. I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR THE COST OF ANY NECESSARY TREATMENT.

AFTER HAVING BEEN INFORMED OF THE NATURE OF THE PROGRAM AND AFTER HAVING BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS, I DO HEREBY FREELY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS PROGRAM.

I DO HEREBY AGREE TO INDEMNIFY AND HOLD THE MARION PUBLIC LIBRARY, AND ALL OF ITS OFFICERS, EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ALL LIABILITY FOR ANY INJURY WHICH MAY BE SUFFERED BY MY CHILD ARISING OUT OF OR IN ANY WAY CONNECTED WITH HIS/HER PARTICIPATION IN THIS PROGRAM.

THE MARION PUBLIC LIBRARY (CITY OF MARION) MAY FILM OR PHOTOGRAPH THE EVENT OR ACTIVITY IN WHICH MY CHILD IS PARTICIPATING FOR THE PURPOSE OF PROMOTING THE MARION PUBLIC LIBRARY AND ITS SERVICES.

Yes, I give permission for the Marion Public Library to film and/or photograph my child.

No, I do not give permission for the Marion Public Library to film and/or photograph my child.

I agree to pick up my child at the Library at **8 p.m. on Friday, October 27, 2017.**

Signed: _____ Date: _____

(Signature of Parent/Guardian)