

Parent/Guardian Signature

Fort Saskatchewan Public Library 10011 102 Street

Fort Saskatchewan, Alberta T8L 2C5

Locked in the Library Permission Form

* Please return this permission form to the Front Desk of the library or bring it with you to the program Teen's Name: Parent/Guardian's Name: ____ Home Phone: _____ Cell Phone: _____ Please provide any relevant information about your teen that might be helpful for Library staff (allergies, medication, dietary needs). By signing this document, I agree to the following statements: I understand that my teen is required to follow the "Locked in the Library Ground Rules" (see back of form), and if they do not follow the ground rules they may be asked to leave the program. I understand there is no exit and re-entry of the program and that I have arranged drop. off and pick up. I assert my teen is 12-17 years old. I will not hold the Fort Saskatchewan Public Library liable in any way for accidents, or mishaps that may involve my teen, and I authorize Fort Saskatchewan Public Library staff to arrange for any medical care they deem necessary regarding my teen. Do you consent to have photograph and/or video footage taken of your child, used in promotional activities related to the Fort Saskatchewan Public Library? This may be used only by the Fort Saskatchewan Public Library to promote our library by way of brochures, flyers, pamphlets, the Library's website, social media, or such other appropriate manner. No

Date

Public Library

Fort Saskatchewan Public Library

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Locked in the Library Ground rules

When participating in teen takeover I understand that I am required to uphold the rules listed below. If I do not follow the rules I understand that I will be asked to leave.

- No drugs or alcohol
- No bullying
- No swearing
- No damaging of property
- No truth or dare
- No eating or drinking at the computers
- No eating or drinking in the Makerspace Room
- No in-line skates, skateboards or bicycles

| Teen Signature | Date | |
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