

## Permission Form for After-Hours Mystery Night at Grandview Heights Public Library

My child/children: \_\_\_\_\_ / \_\_\_\_\_  
has/have permission to attend Mystery Night at the library from 7:00-9:00 p.m. Friday, February 7, 2020.

Phone number where I can be reached during this activity (Friday, February 7, 2020, 7:00 p.m.-9:00 p.m.) or where other parent/guardian can be reached (if different from above)

Phone: \_\_\_\_\_

My child will leave the Lock-In by (check one):

- ☐ *I (signer) will pick them up*  
☐ *Walking home*  
☐ *Going home with an adult other than myself (Name: \_\_\_\_\_ Phone: \_\_\_\_\_)*

If photographs are taken for publicity purposes, (please check one)

- ☐ The library has my permission to use photographs of my children  
☐ The library does NOT have permission to use photographs of my children

As a participant in this program of the Grandview Heights Public Library, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with this program.

In consideration of the Grandview Heights Public Library accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this program of the Grandview Heights Public Library, and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property, or any other loss which I may have or my child may have, or which may accrue to me on account of my or my child's participation in this program.

Parent's Name (please print) \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*If participant is under age 18, the release form must be signed by parent or guardian

By signing below, I grant the Grandview Heights Public Library permission to call for emergency assistance and for the medics to transport my child to the nearest hospital in case of medical emergency.

Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Questions? Contact Jen Lawson, Teen Librarian  
Grandview Heights Public Library, 1685 W. First Avenue (486-2951)

### **IMPORTANT:**

**The library phones are turned off after hours.** If you have an emergency and need to contact your child while they are at the lock-in, please call the following cell phone number and a staff member will assist you.  
**614-507-7744**