

Saline County Library System – After Hours Event
Library Patron Contract

Participant Name: _____
Age: _____ Birthday: _____ E-mail: _____
Home Address: _____ City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian: _____
Parent/Guardian Cell Phone: _____

Teen or Tween

I agree to the following during the After Hours Event:

- I will abide by the Saline County Library Personal Conduct Code policy (attached) while on Saline County Library property.
- I will remain inside the library for the duration of the program.

Teen/Tween Participant Signature

Date

Parent/Guardian

CONSENT FORM AND LIABILITY WAIVER

I hereby give permission for _____ to attend the After Hours Event. I assume all responsibility for injury to him/her, and for injury which he/she may cause to others. I hereby release and forever discharge Saline County Library and its employees from any and all damages and causes of action either at law or in equity which my child/ward may have as a result of participation in or attendance at the event.

Parent/Guardian Signature

Date

IN CASE OF MEDICAL EMERGENCY

I give permission for the supervising adults at Saline County Library to contact 911 for medical assistance for my child/ward, and consent to medical treatment as deemed necessary by emergency medical personnel. I will be contacted immediately if an emergency arises.

Parent/Guardian Signature

Date

BEHAVIOR

My child/ward and I understand that violating Saline County Library's Personal Code of Conduct policy or interfering with the enjoyment of others at the event will result in immediate eviction from the library. I agree to be available at one of the phone numbers listed above the night of the event, and will pick up my child/ward from the library in case of an emergency or eviction from the library.

Parent/Guardian Signature

Date