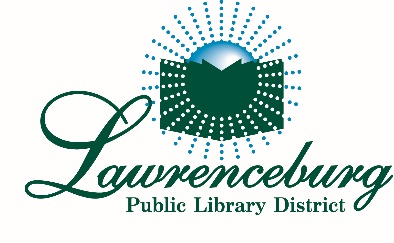
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**After-Hours VR Art Night!**

**Friday, November 5th 5:30-7:30pm**

*Registration is REQUIRED for event attendance.*

**This permission form must be completed, signed by both the teen attendee and a parent/guardian, and returned to the North Dearborn Public Library no later than 5:30 pm on Friday November 5th.**

* All attendees MUST arrive at the library by 5:40 pm to attend the VR Art Night. Late arrivals will not be admitted. Attendees will not be allowed to exit and re-enter the program.
* Pickup will be from 7:45-8:00 pm. Teens must be picked up from the library no later than 8:00 pm by a designated adult provided on the consent form. The person picking up the teen must meet them at the main entrance door; no one will be released to someone in a waiting car.

Teens agree to follow all rules of behavior in the library, including:

* + Stay out of areas designated off limits
  + Treat all participants and staff with respect
  + Use appropriate language
  + Refrain from horseplay or other forms of physical aggression
  + Treat property of the library and other participants with respect
* Attendees will be expected to behave in a manner appropriate to the event and in accordance with the library’s code of conduct. Library employees are authorized to enforce these rules, and if a teen is unable to follow direction of library staff, they will be given two warnings before they will be asked to call a parent/guardian to leave early. In the event a parent/guardian cannot be reached, the emergency contact will be notified.
* If you need to reach your teen in the event of an emergency, and cannot reach them on their own cell phone, you may contact the library at the main number (812)-637-0777

I give permission to the North Dearborn Public Library to use my child’s image in photos or video taken at this event, including the library’s website or social media pages, unless indicated below. Names of participants will not be posted or published.

By signing this form, I, the legal parent/guardian of the undersigned teen, indicate that both I and my child have read, understood, and agree to the conditions of this document; and that I give permission for my child to attend this event and participate fully in the activities. I understand and accept the normal risks inherent to such an activity or program, and that the North Dearborn Public Library cannot guarantee the safety of program participants. I hereby agree to indemnify and hold harmless the North Dearborn Public Library, its agents, and employees for this activity.

Name of Teen: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Teen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be available at one of the phone numbers listed below the night of the Teen After Hours Party.

Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact if parent/guardian is unavailable:

Name:

Telephone:

Name of adult(s) who may pick up attendee(s). *Please list a minimum of two:*

**Name Relationship Phone #**

**Name Relationship Phone #**

**Name Relationship Phone #**

Name(s) of anyone NOT allowed to pick up your child:

Severe Allergies-Please list here: