**E.G. Fisher Public Library – Teen Nerf Time: After-Hours Program Waiver July 2, 2023 12:30 PM to 3:00PM**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Allergies (including food, medication, environmental): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications Required to Have On-Hand (e.g., EpiPen, inhaler): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Emergency Contact (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Agreement**

I understand and agree to the following:

* I will follow all safety rules and instructions given by library staff.
* I will not aim or shoot blasters at the face or head of other players.
* I understand that no roughhousing, pushing, fighting, or any violent contact or harassment will be tolerated.
* I will not bring my own foam dart ammo. Only standard darts provided by the library will be used.
* I may bring my own clearly labeled Nerf-compatible blaster, but blasters using ammo balls or discs are not allowed.
* I will not bring or use real or replica weapons of any kind.
* I understand that all personal belongings (bags, backpacks, etc.) must be stored in the designated area and are not permitted in the play zone.
* I will not climb on shelves, furniture, or other unsafe areas.
* I will treat other players, library property, and staff with respect.
* I understand that breaking these rules may result in being asked to leave the event early.

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Consent and Liability Waiver**

I understand that my child is participating in an active event involving foam dart blasters at the library, and I give permission for them to do so. I acknowledge and accept that, although precautions will be taken, there are risks of injury involved in physical activities such as this.

* I agree to hold harmless Athens Public Library, its staff, and any volunteers from any liability or claims arising out of my child’s participation in this event.
* I understand that if my child chooses to leave the event early, they are permitted to do so, and library staff are not responsible for supervising them outside the building. Once they leave, re-entry is not permitted.
* I understand the library’s phones will be on during the event, and I may contact staff in case of emergency.
* I agree to ensure that my child follows the safety and conduct rules provided.
* I understand that this event occurs while the library is closed to the public and no regular library services (checkouts, computer use, etc.) will be available.

I acknowledge and agree to the following guidelines regarding the **Teen Nerf Time: After-Hours at the Library** event:

* **Check-in time is from 12:30 PM to 1:00 PM.** Doors will be locked promptly at 1:00 PM and will not reopen until the event ends at 3:00 PM.
* **No late arrivals will be admitted after 1:00 PM.**
* I understand that I am welcome to **drop off my teen** for this event.
* If I choose to stay on-site, I may **wait in the Community Room only.** For safety and supervision reasons, adults are **not permitted in the main library area where the Nerf activities will take place.**
* Library staff will be focused on running and supervising the program. **Adults staying in the Community Room are responsible for themselves** and must not interfere with or observe the play areas.
* I understand that once a teen leaves the building, **they may not re-enter** and that the library is **not responsible for supervising them once they exit.**
* I acknowledge that **phones will be on and accessible during the event** should I need to contact staff in case of an emergency.
* I acknowledge no real or replica weapons of any kind are allowed. This includes realistic-looking toy weapons, knives, or any object that could be mistaken for a weapon. Only foam dart blasters (Nerf or compatible brands) using standard darts are permitted.

I affirm that my child is in good health and **physically able to participate in moderately active games and Nerf play**. I understand that it is my responsibility to ensure my child brings any **required personal medical items or medications** (e.g., inhalers, EpiPens) and that library staff are **not responsible for administering or managing medication**. In the event of an emergency, I authorize the library staff to contact emergency medical services.

**By signing below, I confirm that I have read and reviewed the "What to Expect" page, the Rules page, the Participant Acknowledgment, and all parts of this Adult Waiver. I have also discussed the expectations and rules of the program with my child to ensure they understand and agree to follow them.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 745-7782**

**128 Ingleside Avenue**