

E.G. Fisher Public Library – Teen Lock In: After-Hours Program Waiver

8 PM, Thursday Night - March 19th through 8AM, Friday Morning - March 20th

Participant Name: _____ Age: _____

Allergies (including food, medication, environmental): _____

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

Any other medical conditions, dietary restrictions, or special needs we should be aware of? _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact (if different): _____ Emergency Contact Phone: _____

Media Release

I give permission for my child to be photographed or recorded for library promotional purposes.

I do NOT give permission for my child to be photographed or recorded.

Event Details

The Teen Lock-In is an overnight, after-hours supervised event at the library for ages 12–17. Activities may include group games, crafts, movies, team challenges, snacks, and other organized activities. The event will be supervised by 2–3 adult chaperones throughout the night with a max capacity of 30 teens.

Teen Participant Agreement

Please initial each line to indicate your understanding and agreement:

I understand and agree to the following:

- _____ I will follow all safety rules and instructions given by library staff and chaperones during the Teen Lock-In event.
- _____ I understand that this is a supervised overnight program and I must remain inside the building unless I am released to my parent/guardian through the check-in and pick-up procedure.

- _____ I understand that activities will be planned and scheduled throughout the Teen Lock-In event. This is an overnight program, and there will be no designated sleep time or sleeping periods during the event due to safety and supervision requirements.
- _____ I understand that while I may take breaks from physical activities, I may participate in quieter, calmer options such as sitting, coloring, or other low-energy activities during break periods. Participants are not permitted to sleep during the event.
- _____ I understand that I may use my personal cell phone but must follow staff instructions regarding phone use during scheduled activities.
- _____ I will not roughhouse, push, fight, or engage in any violent contact or harassment.
- _____ I will not bring or use real or replica weapons of any kind.
- _____ I understand that food and drinks from outside the program are not permitted except for medically necessary items approved in advance.
- _____ I understand that all personal belongings (bags, backpacks, etc.) must be stored in designated areas if requested by staff and should not interfere with program activities. The library is not responsible for lost or damaged personal items. I will not climb on shelves, furniture, or other unsafe areas.
- _____ I will treat other participants, library property, staff, and chaperones with respect.
- _____ I understand that breaking these rules may result in being asked to leave the event early and may require parent/guardian pick-up.

Teen Participant Signature: _____ **Date:** _____

Parent/Guardian Consent and Liability Waiver

I understand that my child is participating in the Teen Lock-In Overnight Event at the library, which includes supervised games, activities, group challenges, movies, snacks, and other organized programming. I give permission for them to participate.

I acknowledge and accept that, although reasonable precautions and supervision will be provided, participation in activities involves some inherent risk.

Please initial each line to indicate your understanding and agreement:

- _____ I agree to release and hold harmless the library, its staff, volunteers, and chaperones from liability for minor injuries or incidents that may occur during participation, except in cases of gross negligence.

- _____ I understand that this is an after-hours overnight event that takes place while the library is closed to the public, and no regular library services (checkouts, computer use, etc.) will be available.
- _____ I understand that check-in is required for participation. Check-in will occur between 7:00 PM and 8:00 PM on Thursday, March 19th. No late arrivals will be admitted after 8:00 PM.
- _____ I understand that once check-in is complete and the event begins, participants are expected and required to remain inside the building for the duration of the event unless released through the authorized pick-up procedure. If I choose to pick up my child early, I understand that re-entry will not be permitted.
- _____ I understand that drop-off and pick-up must occur during designated program times. Pick-up will occur between 7:00 AM and 8:00 AM on Friday, March 20th.
- _____ I understand that at check-in, I will receive an official Teen Lock-In Check-In Card containing the library's contact information and my teen's name. This card must be presented at pick-up for any release of my teen, including early or unexpected pick-up situations.
- _____ I understand that my teen will only be released to the adult who checked them in and who presents the Check-In Card unless prior written authorization has been approved by the library. If the card is not presented, identity verification or Library Director intervention may be required. I am responsible for keeping this card secure.
- _____ I understand that teens must be checked in and picked up by a parent or guardian. Teens may not walk, drive themselves, leave independently, or be released to another individual without prior written authorization.
- _____ I agree to ensure that my teen follows all safety guidelines, conduct expectations, and staff instructions. Inappropriate or unsafe behavior may result in staff contacting me and requiring immediate pick-up.
- _____ I understand that participants should not bring outside food or drinks except for medically necessary items that must be communicated to library staff prior to the event.
- _____ I understand that the library may provide water, snacks, and optionally low-caffeine beverages such as coffee or tea. Participation in consuming these beverages is voluntary.
- _____ I understand that participants may bring a sealed water bottle or empty reusable water container to refill during the event. Glass containers are not permitted.
- _____ I understand that no weapons, real or imitation, or weapon-like objects are allowed.
- _____ I understand that participants may bring and keep their personal cell phones during the event but must follow staff instructions regarding phone use during scheduled activities.

I affirm that my child is in good health and physically able to participate in moderately active group games and activities. 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 unless prior arrangements have been made.

In the event of an emergency, I authorize library staff to contact emergency medical services and to take reasonable action necessary to protect my child's health and safety if I cannot be reached immediately.

By signing below, I confirm that I have read and reviewed all sections of this Teen Lock-In waiver, including the Participant Agreement, Safety Policies, and Program Expectations. I also confirm that I have discussed the program expectations and safety guidelines with my child to help ensure they understand and agree to follow them during the event.

Parent/Guardian Signature: _____ **Date:** _____



The banner features a rainbow gradient background. On the left is the E.G. Fisher Public Library logo, which includes a stylized building and the text "E.G. FISHER Public Library" and "INSPIRING GENERATIONS". To the right of the logo, the text "E.G. Fisher Public Library" is displayed in white. Further right is a white telephone handset icon, followed by the phone number "423-745-7782" in white. To the right of the phone number is a white location pin icon, followed by the address "1289 Ingleside Avenue Athens, Tn 37303" in white.