Teen Lock-In Permission Form

Form must be turned in by Monday, October 21st.

The Willmar Public Library Teen Lock-In gives teens ages 13+ the opportunity to spend an entire night in the library playing games, watching movies, and hanging out with other teens.

I grant my permission for ____________________________ to participate in the Teen Library Lock-In from 5pm to 10pm Saturday, October 26th.

By signing this form, I understand that:

- My teen must arrive at the library at 5pm on Saturday, October 26th.
- Once the lock-in begins, my teen will not be allowed to leave the library.
- My teen will not be permitted to act in a manner deemed unacceptable by the library staff or chaperones. I will be called if there is any unacceptable behavior regardless of the time.
- My signature below gives permission for my teen to watch a PG-13 movie.
- My signature below gives the library permission to take photos and record videos of my teen during the event and use them to promote the library, its programming, and services.
- I agree that I will pick my teen up from the lock-in on Saturday, October 26th at 10pm, or that I will make other arrangements to ensure that my teen has a safe ride home from the lock-in. I understand that if I have not arrived within 30 minutes of the final pick-up time, and library staff is unable to contact me, it is library policy to contact the police.

Parent/Guardian Contact Information

Name: ____________________________________________ Relationship: _____________________________

Phone: _______________________________________

Alternate Contact Information (in case of emergency):

Name: ____________________________________________ Relationship: _____________________________

Phone: _______________________________________

Please list any food allergies or medical conditions your teen has that we should be aware of:

__________________________________________________________________________________

Contact the Teen Services Librarian by phone at 320-235-3162 with any questions. Please return completed forms to the Willmar Public Library by Monday, October 21st.
Parental Authorization for Pioneerland Library System
Willmar Public Library Teen Lock-In

__________________________________, Age ____ has registered to participate in the Teen Lock-In,
(Name of Registrant)
a Pioneerland Library System sponsored activity.

We (or I) authorize the Pioneerland Library System or its designee to contact emergency personnel in
the event that medical treatment becomes necessary. We (or I) will be responsible for all bills incurred
as a result of illness or accident while the below-named registrant participates in the program, except
bills covered by insurance. We (or I) hereby request that the Pioneerland Library System accept this
registration for the enrollment of the Registrant for the Program.

In consideration of your acceptance of this registration, we (or I) hereby release the Pioneerland Library
System, its employees and volunteers from all claims on account of illness, injuries, or diseases or any
loss or damage to personal property which may be sustained by the below-named Registrant while
participating in the Program, and we (or I) further agree to indemnify the Pioneerland Library System, its
employees and volunteers for any claim which may hereafter be presented by the Registrant.

Date: ___________________________

Registrant’s name (printed): ________________________________________________

Registrant’s signature: ________________________________________________________

Parent or Guardian name (printed): ____________________________________________

Parent or guardian signature __________________________________________________

Emergency contact phone number: _____________________________________________

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