

# Middle School/High School Waiver and Permission

GLEN ELLYN  
PUBLIC  
LIBRARY

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Do you have a library card? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

## **Additional Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the Rules of Conduct outlined by the Glen Ellyn Public Library and I agree to comply. I agree to follow directions issued by Glen Ellyn Public Library employees. I understand that Glen Ellyn Public Library employees are authorized to enforce these rules. I understand that the library reserves the right to revoke or restrict program privileges of any user for conduct contrary to these rules. In the event that I do not follow any of the above rules, the library reserves the right to contact my parent/guardian.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## **CONSENT AND LIABILITY WAIVER**

I understand that by attending this program, my child may be photographed and videotaped by library staff or their representatives in the course of library activities. The images may be used, without accompanying personal identification, in library publicity.

I hereby give permission for \_\_\_\_\_ (child's name) to attend the Glen Ellyn Public Library's middle school/teen program. I assume all responsibility for injury to my child, and for injury which my child may cause to others. I hereby release and forever discharge the Glen Ellyn Public Library, their officers, employees from any and all damages and causes of action either at law or in equity which I or my child may have as a result of participation in or attendance at this activity sponsored by the library.

cont'd

In case of medical emergency, I give permission for the supervising adults at the Glen Ellyn Public Library to contact 911 for medical assistance for my child/ward named above, and consent to medical treatment as deemed necessary by emergency medical personnel. I will be contacted immediately if any emergency arises.

My minor child/ward named above and I understand that violations of the Glen Ellyn Public Library's Rules of Conduct or infringing on the enjoyment of others at this event will result in eviction. Parent/Guardian agrees to be available at one of the phone numbers listed above during the time of the middle school/teen program.

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

Date