

LIBRARY AFTER HOURS PERMISSION FORM

Child's Name: _____

Age: _____ Grade: _____ Allergies: _____

Date of event _____

I give permission for my child to attend the Library After Hours program at the Manhattan Public Library at the date listed above.

I understand that my child must adhere to all library's policies which includes no fighting, yelling, use of obscenities, rowdy behavior, verbal abuse, and other disorderly behaviors that interfere with others. If my child behaves in an inappropriate manner I understand that I may be contacted prior to the end of the event. I agree that if contacted to pick-up my child that I will come to Manhattan Public Library and take my child home immediately.

In consenting to participation in this program, I/we agree to forever release, discharge, and covenant to hold harmless the City of Manhattan and/or the Manhattan Public Library and its employees/volunteers from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses of any kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor child arising out of or resulting, directly or indirectly, from my child's participation in the After-Hours program, and also all claims or rights of action for damages which said minor has or hereafter may acquire, either before or after she/he has reached her/his majority resulting or to result from her/his participation in this program.

If my child should become seriously ill or injured, I authorize you to arrange for any emergency medical care if necessary. It is understood that I (the undersigned parent or guardian) will be responsible for expenses incurred in the event of such treatment. I hereby release the City of Manhattan and/or the Manhattan Public Library from any and all claims of any nature whatsoever, which may arise out of the decision to seek emergency medical care.

After the event has ended, choose an option below:

- My child will be picked up at 8:00 PM. If not picked up within 30 minutes of time specified, the library will call Riley Co. police department who will assume responsibility of the child.
- My child has permission to walk home and I release the library from liability when they leave the property
- My child will drive themselves home

If someone other than the parent or guardian listed below will be picking up your child, please fill out the following: I agree to allow _____ (please print name) to pick up my child from the Manhattan Public Library's After-Hours program. Phone number(s) for person other than parent/guardian picking up child _____. If emergency contact differs from the parent or guardian please list information. Emergency contact name and phone number _____.

Name of Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Signature of Parent(s) or Guardian(s)_____
Date