



Dear Parent/Guardian,

In order for your child to participate in the Teen Color Party program at the Hancock County Public Library on **Friday, July 20, 2018** this permission slip **MUST** be filled out and returned to the information desk at the library by 9:00 p.m. on Thursday, July 19. Participants must be entering the 6th grade or be 13-19 years old to attend this program. The Color Party starts at 4:00 p.m. outside the library.

For Safety: Color powder is a non-toxic corn starch-based powder with dye. While it is non-toxic, participants will not be allowed to throw the powder at other's faces. If they do intentionally throw powder in another's face, they will be immediately asked to leave the program. As added protection, we will provide sunglasses.

Necessary Information:

1. The powder does have the potential to stain clothes, so dress in old clothes.
2. To help minimize powder on shoes, we will be providing shoe covers.
3. We ask that the teens who participate not enter the library until they have washed off the powder and changed clothes.

TEEN COLOR PARTY PERMISSION SLIP

I give my son/daughter _____
permission to participate in the Teen Color Party program at the Hancock County Public Library on
Friday, July 20, 2018, from 4:00 p.m. to 5:00 p.m.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Please provide the following contact information in case of an emergency during the program. Be aware that in the case of a medical emergency, library personnel may call 911 prior to notifying this contact person.

Name: _____

Relationship to Child: _____

Mobile Phone: _____



Hancock County Public Library
900 W. McKenzie Rd.
Greenfield, IN 46140
(317) 462-5141, ext. 211
www.hcplibrary.org

PHOTO/VIDEO RELEASE FORM

Adult (18 yrs. or older)

I, _____, give my permission for the Hancock County Public
(Please print your name.)

Library to use my photo/video in any future publicity, including advertising, public newspapers, newsletters, videos, television broadcasts, websites, or social media. I give permission for the Library to use my name, image, likeness and voice without compensation to me.

Signature _____

Date _____ Phone number _____

E-mail _____

Child (under the age of 18)

I, _____, give my permission for the Hancock County Public
(Parent/legal guardian)

Library to use photos/videos of my child, _____,
(Please print child's first and last names and age.)

in any future publicity, including advertising, public newspapers, newsletters, videos, television broadcasts, websites, or social media. I give permission for the Library to use my child's name, image, likeness and voice without compensation to me or my child.

Signature _____

Date _____ Phone number _____

E-mail _____

Staff Use Only: Event _____ Date _____

Circle (if it applies): Adult Youth