



Dear Parent/Guardian,

In order for your child to participate in the Teen Escape the Library program at the Hancock County Public Library’s Sugar Creek Branch on **Friday, October 19th, 2018**, this permission slip **MUST** be filled out and returned to the youth services desk at the library by 8:00 p.m. on Thursday, October 18th. Participants must be between the ages of 12-18 years old to attend this program. The Teen Escape the Library will begin at **6:30 p.m.** at the Sugar Creek Branch in New Palestine. Please arrive between 6:15 & 6:25 p.m. All participants must be in the building by 6:30 p.m. to attend the event. **Late arrivals will not be admitted.**

The main focus of this event is an escape room and scavenger hunt. Pizza and snacks will be provided along with board games. If food allergies or any other accommodations are needed, please inform a youth services staff member upon return of this permission slip. Please note that this is not a haunted house. There will be creepy elements included during the event, but nothing will jump out or purposely try to scare anyone.

Teens must be picked up from the library at **8:30 p.m.** **Participants will not be allowed to leave early** except in cases of emergency or illness. For their safety, children not picked up by 8:45 p.m. will be taken into custody by local law enforcement. In case of an emergency, you may call youth staff member Shelby Couch at (317) 861-6618, ext. 313. Please only call in cases of emergency.

NOTE: If your teen has been banned from the library any time after March 1, 2018, they are not eligible to attend the Teen Escape the Library program.

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**TEEN LIBRARY LOCK-IN PERMISSION SLIP**

**I give my son/daughter \_\_\_\_\_  
permission to participate in the Teen Escape the Library program at the Sugar Creek Branch of the  
Hancock County Public Library on Friday, October 19th, from 6:30 p.m. to 8:30 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:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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

File where photo is saved: \_\_\_\_\_