



SLA Nerf Party Permission Slip

I grant permission for my teen, _____, to participate in Stratford Library's *Teen Tuesday: After Hours Nerf Party* on Tuesday, August 20th from 7:45 PM to 9:15 PM at Stratford Library, 2203 Main Street Stratford, CT.

All attendees must be going into grades 7-12 during the 2024-2025 school year. Please indicate the grade your teen will be entering: _____.

Permission forms must be turned in to the Teen Department by the night of the program at the latest. No teen will be allowed to stay and play without a signed parental permission slip.

By signing this permission form, I agree to the following:

- My teen must arrive to the Library's Lovell Room between 7:30 PM and 7:45 PM. At 8:00 PM the doors will be locked and late arrivals will not be permitted inside.
- I will promptly pick up my teen at the program's conclusion at 9:15 PM in the Library's BACK parking lot (shared with the Baldwin Center).
- I must provide a contact number where I can be reached in case of emergency.
- 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.
- I give the Library permission to contact 911 for medical assistance for my teen named above, and consent to medical treatment as deemed necessary by emergency medical personnel. I will be contacted immediately at the phone number listed below if any emergency arises.
- I give the Library permission to photograph and/or film my teen during the event to use to promote the Library, its programming and services.
- I assume all responsibility for injury to my teen and for injury which my teen may cause to others. I hereby agree to indemnify and hold harmless the Stratford Library Association and all Library staff from any and all damages and causes of action either at law or in equity, which I or my teen may have as a result of participation in or attendance at this activity sponsored by the Library.
- Soft Nerf darts only- NERF RIVAL BALLS are NOT permitted.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Phone: _____

Date: _____