

Laser Tag Lock-In Permission Slip

Registration is REQUIRED for event attendance.
(Register in the Calendar of Events at www.pueblolibrary.org)



A guardian must sign the permission form below.

This will be your ticket to enter the event.

Youth will not be admitted without a signed form.

- The building will be locked starting at 6:00 pm for the safety of both staff and participants. Parents may pick up their child/children at 8:00 pm when the doors are unlocked and monitored by staff. If you need to leave before 8:00 pm, you must make special arrangements with the library staff when you arrive at the lock-in party.
- There will be a zero tolerance policy in regards to bullying. We will discuss the rules at the start of the event, and anyone not following those rules will be asked to leave. Please ensure your child has an understanding of this before the event.
- The library can be contacted at **719-562-5676** during the event in case of emergencies.

Library Lock-In Permission Slip

I give permission for _____ (child's name) to attend the **Laser Tag Lock-In** at Lamb Library on **October 26th** from **6:00-8:00** pm. I understand that the Pueblo City-County Library District has not undertaken any duty or responsibility for my child's safety, and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of attending the **Laser Tag Lock-In**.

By my signature, I hereby state that I understand the risks involved in my child's attendance at the event, and I willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the Pueblo City-County Library District and its directors, employees, volunteers and other agents for injury sustained and liability incurred during my child's attendance at the event. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form. By signing below, I confirm that I have read, understand and consent to the terms of this waiver agreement.

During the event, I may be reached at _____ (phone number).

I understand that if my child engages in any inappropriate behavior, I will be called and asked to pick him/her up immediately.

Guardian Signature _____

Date _____

Printed Name _____