

After Hours with Rapper Joeris
Friday, December 8, 2017 7-9 PM
Parental Permission Slip
Limited to the first 25 participants

TO BE FILLED IN BY THE PARTICIPANT:

Participant's Name: _____
Address: _____
Telephone Number: _____ Age: _____ Grade: _____

By signing my name below, I agree to abide by all the rules of the Denver Public Library and to follow the directions of the Library staff. I understand that if I do not, my parents/guardians will be called and will be required to come pick me up. I also understand that if I do not arrive at the library on time, I will not be able to enter the library to attend the event.

Signature of Participant: _____ Date: _____

TO BE FILLED IN BY THE PARTICIPANT'S PARENT/GUARDIAN:

I, _____, (please print name) am the parent/guardian of _____ who desires to participate in the Teen After Hours Event at the Hampden Branch of the Denver Public Library on **Friday, December 8, 7-9 p.m.** The building will remain locked during the event for the safety of both staff and participating youth. **Youth will not be allowed in if they have not provided the library with a permission slip before 5 p.m. Friday, December 8, 2017.** Youth must arrive on time in order to attend the event. Doors will be unlocked at **9 p.m.** Participants may leave at that time.

I give permission for my child to attend Hampden Branch's After Hours Teen Party. I hereby assume all risk of injury, damage and harm to my child which may arise from my child's use of the facilities and participation in the After Hours Event. I further agree to release and hold harmless the Denver Public Library and its employees and accept all responsibility for my child and agree to pay for any and all injuries, losses, or costs caused by or incurred by my child while at this event. _____ (Initial)

I understand that this event is supervised and that the rules and regulations of Denver Public Library will be enforced by the Library staff. I understand that if my child engages in inappropriate behavior, I will be called and asked to pick my child up immediately. _____ (Initial)

I give my child permission to eat the dinner provided by the Library. If my child has special dietary needs I will provide my child with snack alternatives. _____ (Initial)

During the time of the After Hours Teen Party, I may be reached at the following phone number: _____ Should the library be unable to contact me, an alternative contact is: _____
Name: _____ Phone: _____

I understand that the After Hours Party concludes at **9 p.m.** and I understand my child will be able to walk out the Library doors at **9 p.m.** whether or not I am there to pick them up. _____ (Initial)

Signature of parent/guardian: _____ **Date:** _____

To allow Denver Public Library to take/use photos of your child at the event: Please complete the Photo Release Form on the back. Thank You!

Denver Public Library Release & Waiver

Name *(please print)* _____

Address _____

Phone _____ Age _____

I hereby grant and assign to the City and County of Denver ("Denver"), through its Denver Public Library ("DPL"), the right and permission: 1) to record and use recordings of my image, activities, and/ or vocal expressions and spoken word by means of photography, film, videotape, audiotape, digital media, and/or any other media, processes, and technology; 2) to release, exhibit, depict, display, reproduce, publish, republish, broadcast, re-broadcast, pod or web cast, post on or utilize in websites, and otherwise make publicly available, recordings of my image, activities, and/or vocal expressions and spoken word; and/or 3) to copyright and/or trademark the recordings and the use of said recordings of my image, activities, and/or vocal expressions and spoken word, for purposes beneficial to Denver and DPL, including, without limitation, advertising, publicizing, promotion, fundraising, public service announcements, educational and community activities, news reporting, and historical preservation.

I hereby release and waive my rights to the recordings and the use of said recordings of my image, activities, and/or vocal expressions and spoken word and my rights to inspect and/or approve the finished product in which my image, activities, and/or vocal expressions and spoken word are used or to be used.

I hereby release and discharge Denver and DPL and their assigns and all persons acting under their permission or authority or those for whom Denver or DPL is acting, from and against any liability as a result of any distortion, blurring, editing, alteration, manipulation, or creative changes that may occur in the recording, processing, reproduction, or use of the finished product.

I hereby affirm that I am at least sixteen years of age and competent to contract in my own name in so far as the above is concerned (or I have obtained the written consent below of my parent or guardian). I have read the foregoing waiver and release and affirmatively state that I fully understand and consent to the contents thereof.

(Signature) _____ *Date* _____

(Parent or guardian signature) _____ *Date* _____

_____ *Print Name*

The Denver Public Library
10 W. 14th Avenue Parkway
Denver, Colorado 80204-2731
720 865 1111



DENVER DENVER
PUBLIC LIBRARY
LIBRARY .ORG