Teen Lock-In Permission Form Saturday, August 30, 2025: 6:00 pm - 9:00 pm

North University Community Branch Library

8820 Judicial Dr. San Diego, CA 92122, 858-581-9637

Forms must be completely filled out and returned to the library by Friday, August 15, 2025

Participant Name:Age:	("Participant")
Home Address:	
City, State, Zip:	
Email:	
Home Phone:	Cell Phone:
Parent/Guardian Name:	
Parent/Guardian Contact Phone Number:	
RULES OF CONDUCT	
ends. Your parent/guardian should be present	icipants will not be let in after 6:30 pm. The ake sure that you are aware of the time the event before 9:00 pm to ensure they are on time to pick ill not be allowed to exit and then re-enter the
While noise level rules will be more relaxed, st of library conduct include but are not limited t	tandard rules of library conduct still apply. Rules
 Noisy or disruptive behavior Threatening, offensive or abusive language at Harassment of employees or customers Misuse or defacement of library facility or material Violating any state, federal or local law 	
	k-In Event. I understand that Library employees erary reserves the right to revoke or restrict event these rules.
Participant's printed name:	
Participant's signature:	

CONSENT FORMS AND LIABILITY WAIVERS

I hereby give permission for	(Participant) to atte	end the Teen Lock-In
program hosted by San Diego Public Libra	ary. I assume all responsibility for injury to the F	Participant, and for
injury which the Participant may cause t	o others; release and forever discharge The City	of San Diego, San
Diego Public Library, their officers, emp	oyees from any and all damages and causes of a	ection either at law or
	have as a result of participation in or attendance	e at this activity
sponsored by the library; and agree to a	I other terms as further described below.	
Signature of parent or guardian	Date	
IN CASE OF MEDICAL EMER	GENCY	
I give permission for the supervising adu	ts at the San Diego Public Library's Teen Lock-Ir	n program to contact
	ipant, consent to medical treatment as deemed	
	ns of the Authorization for Medical Treatment o	f a Minor below. I will
be contacted immediately if any emerge	ncy arises.	
	D. I.	
Signature of parent or guardian	Date	
BEHAVIOR		
The Participant and I understand that vio	olations of San Diego Public Library's	
	ment of others at this event will result in eviction	on and suspension from
the library. I agree to be available at one	e of the phone numbers listed above, on the nigh	ht of the lock-in. If this
	number of an adult contact available to pick up	child in case of
emergency.		
Behaviors include but are not limited to:		
Noisy or disruptive behavior		
• Threatening, offensive or abusive lange	uage and behavior	
 Harassment of employees or customers 		
Misuse or defacement of library facility		
Violating any state, federal or local law	V	
Circulation of a second	D. L.	
Signature of parent or guardian	Date	
TRANSPORTATION		
(Please select one)		
I will drop off/pick up the Participant		
	I or individuals to drop off and/or pick up the Pa	articipant. (Please list
name of individuals(s) here):		
The Participant will provide their own	transportation to and/or from the event.	
Signature of parent or quardian	Date	

OTHER CONSIDERATIONS

Activities will include music, dance, crafts, video games, bounce house, virtual reality and other similar teenfocused activities. If there is an activity you would prefer the Participant not to participate in, please discuss

•	instruct them accordingly before the event takes place. Please note: San representatives are not responsible for restricting the specific activities the
Signature of parent or guardian	 Date
FOOD ALLERGIES	
medical personnel to know such infe	be served. Please list any food allergies below, should the need arise for prmation. Please note: San Diego Public Library staff, volunteers, and for monitoring what the Participant consumes.
Notice to Participants—please plan the Lock-In. Foods to be served incl	accordingly if your child is allergic to any of the foods to be served during ude, but are not limited to:
	uten) nay contain gluten, dairy, egg, peanuts)
SodaIce Cream (may contain glu	ten, dairy, egg, peaunuts)
Signature of parent or guardian	 Date
	GMENT, WAIVER, AND RELEASE FROM LIABILITY THE FOLLOWING ACKNOWLEDGMENT, WAIVER, AND
	"Acknowledgment, Waiver, and Release") BEFORE SIGNING.
For and in consideration of the part	icipation of (print name of
Participant) in the Teen Summer Reading Program Lock-In (referred to herein as "Event") on August 30, 2025, I	
agree that:	
1. My participation in the Ever	nt and related activities is voluntary and I freely choose to participate;
	ation in the Event and related activities involves inherent risks that may eaction, injury, illness, death, and other loss, including property damage;
I certify that I am in good h participation by a qualified	ealth, in proper physical condition, and have not been advised against health professional;
sponsors, organizers and ad "Organizers") to permit my my execution and delivery or	and that the willingness of the City of San Diego ("City") and the various ministrators of the Event and related activities (collectively, the participation in the Event and related activities is expressly conditioned on of this Acknowledgment, Waiver, and Release, and I further acknowledge is will rely upon the statements made by me herein.

5. I hereby expressly assume and accept all risks associated with my participation in the Event and related activities, including, but not limited to: allergic reaction, illness, bodily injury, death, and other loss, including property damage, caused by, arising from, or related to any circumstance, condition, or activity at the Event, including, but not limited to, consuming food, operating equipment, hazardous conditions, and other participants; all such risks being understood and appreciated by me; and I further

acknowledge that these risks include risks that may be the result of the negligence of the City and Organizers or of other persons or entities;

- 6. I acknowledge that I must exhibit appropriate behavior at all times, demonstrate respect for all individuals and equipment, and participate with a cooperative and positive attitude;
- 7. I acknowledge that I may be disqualified from participating in the Event and related activities and asked to leave the Event and related activities due to behavioral issues, and agree that I will abide by any decision of an Event, or related activities, official regarding my ability to participate;
- 8. I understand and agree that the City and Organizers are not responsible for any personal items or property lost or stolen during the Event and related activities;
- 9. Understanding that my participation in the Event and related activities could involve potential risks of harm, not limited to those specified above, I hereby WAIVE, release, hold harmless, AND forever discharge THE CITY OF SAN DIEGO, ITS OFFICERS, directors, representatives, EMPLOYEES, AGENTS, AND VOLUNTEERS, AND the ORGANIZERS ("RELEASED PARTIES"), FROM ANY AND ALL CLAIMS, OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, SUITS, DAMAGES, JUDGMENTS, LOSSES, DEMANDS, COSTS, INJURIES, AND EXPENSES (INCLUDING, WITHOUT LIMITATION, ATTORNEY FEES) OF ANY KIND ("CLAIMS"), WHICH MAY ARISE OUT OF, RESULT FROM, OR RELATE TO, WHETHER DIRECTLY OR INDIRECTLY, MY PARTICIPATION IN THE EVENT and related activities, WHETHER OR NOT SUCH CLAIMS ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY, except injury or loss which results from the sole gross negligence or willful or wanton misconduct of one of the RELEASED PARTIES;
- 10. I FURTHER COVENANT AND AGREE NOT TO SUE THE CITY OF SAN DIEGO FOR ANY CLAIMS THAT I HAVE RELEASED, WAIVED, OR DISCHARGED IN THIS ACKNOWLEDGMENT, WAIVER, AND RELEASE; AND I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CITY OF SAN DIEGO, ITS OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, AGENTS, AND VOLUNTEERS, AND THE ORGANIZERS, FROM AND AGAINST ANY AND ALL CLAIMS AND LIABILITY INCURRED as a result of or in any manner, directly or indirectly, related to my participation in this Event and related activities.
- 11. I hereby irrevocably grant permission to be photographed, videotaped, or recorded for publicity purposes and grant permission to the City of San Diego and Organizers to use my name and likeness relating to my participation in the Event and related activities, and I waive all claims of compensation to which I may otherwise be entitled.

ADULT PARTICIPANT

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OR OLDER AND THAT I HAVE READ THIS ACKNOLEDGEMENT, WAIVER AND RELEASE; I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS.

Participant (Print Name)	Signature	Date

MINOR PARTICIPANT

ı (print r	name or parent or legal guardian)	am the parent or	
legal guardian of	(print participating min	nor's name)	
("Minor") and hereby execute this Ackr	nowledgment, Waiver, and Releas	se for and on behalf	
of the Minor. I represent that I have the	of the Minor. I represent that I have the legal capacity and authority to act for and on behalf		
of the Minor to agree to this Acknowled	Igment, Waiver, and Release.		
· ·			
I, THE UNDERSIGNED PARENT OR LEGA	•		
LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.			
I ACKNOWLEDGE BY MY SIGNATURE TH	HAT I HAVE READ. UNDERSTAND.	. AND AGREE TO	
THE TERMS AND CONDITIONS THAT ARE SET FORTH IN THIS ACKNOWLEDGMENT, WAIVER,			
AND RELEASE. I HAVE ENTERED INTO THIS AGREEMENT FREELY AND WITHOUT DURESS.			
Parent or Legal Guardian (Print Name)	Signature	Date	
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** An Acknowledgment Waiver and Po	lease for a minor will only be acc	contod with a parent	
** An Acknowledgment, Waiver, and Release for a minor will only be accepted with a parent			

or legal guardian's signature.

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I, the undersigned parent or legal guardian, understand and agree that the City of San Diego does not provide medical coverage for the Minor, and I WILL BE RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED as a result of the Minor's participation in the Event or related activities.

In accordance with California Family Code section 6910, I give authorization to a physician of surgeon, licensed under the provisions of the Medical Practice Act, for (print Minor's name) to receive care and emergency medical treatment when necessary.				
troutment when necessary.				
Parent or Legal Guardian (Print Name) Signat	ture Date			
EMERGENCY CONTACT INFORMATION				
Name:	Relationship:			
Phone No.				
Name:	Relationship:			
Phone No.				



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