



Manhattan-Elwood  
PUBLIC LIBRARY DISTRICT

## Waiver and Release Form

I hereby acknowledge and agree to allow \_\_\_\_\_ to attend the Library Lock-in sponsored by the Manhattan-Elwood Public Library District. In doing so, I agree that my child will follow the guidelines outlined by the M-E Public Library District.

By signing this document, I allow my child to attend Lock-in at the library.

Child's Name (Please Print) \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Information:

Please list a contact person and phone number that we may call if needed.

\_\_\_\_\_

All children must be picked up by 11:15pm at the latest on the day of the event.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

**Please return form to office not later than by the Monday before the event.**