

# Nerf Wars Permission Slip

## Nerf Wars:

- Friday, August 1 from 5:00 p.m. to 7:00 p.m.
- Teens ages 12-18 are invited to attend.
- The Library will have darts and some nerf guns available to use, but please bring your own nerf gun if possible.
- Protective eyewear is recommended and teens are responsible for providing their own. The library is not responsible for any injuries sustained if teens decide not to wear protective eyewear.
- The doors will be locked at 5:00 p.m. and unlocked at 7:00 p.m. No one will be allowed to arrive late or leave early unless there is an emergency. All teen participants must have their permission slip signed and returned to the Reference Desk in order to attend.
- Teen participants must check-in in Meeting Room 4 by 4:50 p.m.

## Code of Behavior Agreement:

- No intentional face or groin shots. No physical contact with other players. No pushing or hitting. No wrestling weapons away from people.
- Teens must stay in designated areas of the library (they may not go into staff work areas, etc.).
- Teens agree to follow the directions of library staff and volunteers.
- No one is permitted to leave the library building at any time during the event unless library staff contacts parents to pick their teen up or in case of an emergency.
- Teens must respect library property.
- No drugs, alcohol or weapons (other than nerf guns) of any kind will be permitted in the library.

## To be filled out by the teen participant:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_ Grade: \_\_\_\_\_

By signing my name below, I agree to abide by the rules set forth by the library and to follow the direction of the staff and volunteers. I understand that if I do not, my parent/guardian will be called and I will be asked to leave the library.

Signature of Teen Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## To be filled out by the parent/guardian of the teen attending:

I hereby release the Muskego Public Library, the City of Muskego and its employees, volunteers or agents from any liability and from any and all claims against them, individually or collectively, for any accidents, injuries or illness that may occur to my child from his or her participation in this library program.

I understand that I will be available to pick-up my child in the case that he/she is asked to leave library due to inappropriate behavior.

During the time of the program I may be reached at this number: \_\_\_\_\_

When leaving the program: (circle one)

I will pick up my teen

My teen will go home with a friend

My teen will drive themselves home

Other: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_