HENRY COUNTY PUBLIC LIBRARY
TEEN MOVIE MARATHON PERMISSION FORM

TO BE FILLED OUT BY THE PARENT/GUARDIAN OF TEEN ATTENDING THE PROGRAM

I, _____, and my child, _____,
(parent/guardian's name) (teen's name)
have reviewed and understand the following information listed on this permission form.
I understand that this form reserves my teen's spot for participation in the Teen Movie Marathon after-hours event at the library.

I understand that in order for my teen to participate in this event, I must fully fill out this permission form, including the attached information sheet/registration form and that my contact information may be used to confirm my child's permission to attend this event.

I understand that I, or an appointed adult, must sign out my teen from this library program. If my child is driving themselves or riding with a friend or other designated person, that information must be included on the attached information sheet.

I understand that I, or another appointed adult, must pick up my teen by or before the appointed time of 11:30 p.m. and that teens will not be allowed to walk home from this event or leave without being signed out by an adult.

I give permission for my teen to attend the library's after-hours Teen Movie Marathon on Friday, November 13, 2026 from 5 p.m. until 11:30 p.m. I understand that it is for **teens ages 13-17 in grades 7th-12th** and attest that my teen is in that age range. I understand that the event is supervised by library staff and that all rules that apply to the library are in effect during this event.

I hearby relieve the Henry County Public Library, the leadership thereof, and the persons conducting this activity from any liability in connection with my child's participation in this activity.

In the event of a medical or behavioral emergency, I understand that attempts will be made to contact me at the phone number provided on the online registration form. If I cannot be reached, contact will be made with the secondary emergency number listed.

____Yes ____No **My** teen _____, has my permission to **drive themselves to and/or from** the Teen Movie Marathon without a parent or guardian present.

____Yes ____No My teen _____, has my permission to **ride with the following older sibling/friend or designated person _____ who will be picking the up from** the Teen Movie Marathon without a parent/guardian present.

Please read and initial beside each statement:

____ I understand that a Parent/Guardian must complete and turn in a copy of this permission slip by the night of the event in order for a teen to participate.

____ I understand that a Parent/Guardian or a designated adult must **SIGN OUT** and pick up their teen From this event unless the teen has signed permission to drive themselves.

Signature of Parent/Guardian: _____ Date: _____

TEEN MOVIE MARATHON INFORMATION SHEET/REGISTRATION FORM

Name of Teen Attending Event: _____
Current Grade: _____ Age: _____
Allergies or Any Other Information Library Staff May Need to Know: _____
_____
_____
_____
_____
_____

Name of Parent/Guardian: _____
Phone Number of Parent/Guardian: _____
Email Address of Parent/Guardian: _____

Secondary Contact's Name: _____
Phone Number of Secondary Contact: _____

Signature of Parent/Guardian: _____ Date: _____

Permission Forms and Information Sheets can be turned into the Henry County Public Library in person or by email. Please scan and email the form to the Youth Services Librarian at suzanne@henrylibrary.org. Photos of permission forms will not be accepted.

For any questions, please contact the Youth Services Department at 502-845-5682.