

# Port Jefferson Free Library

## TEEN CENTER

205 East Main Street, Port Jefferson NY, 11777

portjefflibrary.org/teens • 631-509-5707

### LIABILITY RELEASE FORM & PERMISSION SLIP

EVENT: Halloween Lock-In After Hours: Fright Night Games & Horror Movie

DATE: Friday, October 24, 2025 from 5:00 PM - 8:00 PM

LOCATION: Teen Center

PARTICIPANTS:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**\*\*LIST ANY ADDITIONAL PARTICIPANT'S NAME & AGE ON BACK IF NEEDED**

I give permission for my above named child(ren) to attend the Halloween Lock-In: After Hours: Fright Night Games & Horror Movie at the PJFL Teen Center on Friday, October 24, 2025 from 5:00 - 8:00 PM. I understand that my child will not be allowed to exit and re-enter the program, latecomers will not be admitted, and that I must pick my child up from the Teen Center promptly at 8:00 PM. Please evaluate program safety if you have allergy concerns.

Three (3) movies with a Motion Picture Association (MPA) rating of R (Restricted) will be offered and one will be selected for viewing. A Restricted (R) rating means "children under 17 require accompanying parent or adult guardian."

The 3 movies to be offered are: The Monkey, The Descent, and The Evil Dead.

I understand that if my child is not behaving in a manner compliant with this event's rules (see the backside of this page), I will be contacted prior to the end time to pick my child up. I also understand that my child will be removed from the activity area immediately and will not be allowed to return.

I agree not to hold the Port Jefferson Free Library responsible for any accidents or mishaps which may involve my child. If my child should become seriously ill or injured, I authorize you to arrange for any emergency medical care needed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date