



Cyber Soirée (Parent/Guardian Permission Slip)

_____ (list names of all minors) has my permission to participate in the **Cyber Soirée on Friday, April 25, 2008 from 6:30-9:30 p.m.** at the Mary Ann Mongan branch of the Kenton County Public Library in Covington.

I understand that I am responsible for picking up my teen **no later than 9:30 p.m.** (If my teen is still at the library after 9:45 p.m., I understand that the Covington police will be called.)

Parent/Guardian Name: _____ Date: _____

Address: _____

Phone: _____

VIDEO/PHOTO RELEASE FORM

I, _____ (name of parent/guardian), do hereby give the Kenton County Public Library and its representatives permission to print and publish my/our name and video/photo for the use of Library promotion. This could include being used in Library newsletters, flyers, displays, calendars, brochures and any other uses the Library sees fit, including home page video programming. I waive the right to inspect or approve the final product and in doing so, also waive ownership rights. By this permission, I understand that I will not be compensated for the use of this video segment/photo. Video/Photos taken become and remain the property of the Kenton County Public Library.

Name(s) of minor teens included in above video/photo release:

Name (parent/guardian)

Street Address

City, State, Zip Code

Telephone Number (including area code)

In case of emergency, call (other than parent/guardian):

Name of Contact: _____

Phone Number (including area code): _____

Insurance Information:

Insurance Carrier: _____

Policy/Group Number: _____

Kenton County Public Library, 502 Scott Boulevard, Covington, KY 41011

Contacts: Erin Seitz or Julia Allegrini, (859) 962-4060