

**RAYMOND A. WHITWER TILDEN PUBLIC LIBRARY
COMPUTER LAB / INTERNET ACCESS PARENTAL CONSENT FORM**

Minors 13 through 17 years of age who wish to access the internet on the computer lab computers and/or Wi-Fi service (including for laptops, tablets, phones or other wireless devices) will need to have a Parental Consent Form on file at the library.

After reading the Raymond A. Whitwer Tilden Public Library **Public Internet Access: Computer Lab and Wi-Fi Use Policy**, please complete this form to indicate that you agree with the terms and conditions as stated. The signatures of both the minor user and parent/guardian are required before access may be granted to Tilden Public Library Internet services. This document, which includes the **Public Internet Access: Computer Lab and Wi-Fi Use Policy**, reflects the entire agreement and understanding of all parties.

MINOR USER:

As a user of the library's computer network and Internet access services, I have read and hereby agree to comply with the **Public Internet Access: Computer Lab and Wi-Fi Use Policy**.

MINOR'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

AGE: _____ DATE OF BIRTH: _____

PARENT / LEGAL GUARDIAN:

As parent/legal guardian of the minor signing above, I grant permission for _____ to access the library's networked computer services through the Internet, social media and electronic mail. I have read agree to the **Public Internet Access: Computer Lab and Wi-Fi Use Policy**, and I understand that I may be held responsible for violations by my child. I understand that some materials on the Internet may be objectionable; therefore I agree to accept responsibility for guiding my child and conveying to her/him appropriate standards for selecting, exploring, and/or sharing information and media. In exchange for the opportunity for my minor child to participate, I agree to hold the Raymond A. Whitwer Tilden Public Library harmless, and indemnify it against any harms that I or my minor child may suffer as a result of this unrestricted access.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME / CELL PHONE: _____

Library Staff Initials _____