## Appendix D

## WAIVERS

## Library Card Age Waiver and Informed Consent Form

THIS WAIVER MUST BE COMPLETED BY THE PARENT OR GUARDIAN IN THE PRESENCE OF A LIBRARY STAFF MEMBER.

l,	, parent or legal guardian of
	, a child under 18 years of age
request that the age restrictions be waived for the at responsibility for all overdue fines, lost or damaged i	
incurred through the use of this card.	•

I am aware that my child's library card provides unrestricted access to all content at Salem Public Library, which includes physical materials (books, magazines, audiobooks on CD, and movies on DVD/Blu-Ray), electronic materials (downloadable e-books and e-audiobooks), and online research databases.

I understand that Library staff and administration do not have supervisory duty over my child. I understand that Library staff and administration cannot monitor or control which sections (easy, juvenile, young adult, or adult) of the Library my child accesses. I understand that it is solely my responsibility to monitor my child's behavior and consumption of content, in any and all forms.

I give consent for my child to access, check out, view, and otherwise utilize all Library resources.

I have been informed in reviewing this consent form that I have access, as a patron of the Library, to the Library's Collection Development Policy under 15 CSR 30-200.015 of Missouri State Regulations and that it is my responsibility to review the Policy, if so desired. The Policy can be accessed online at

https://www.salempubliclibrary.net/about-us/library-policies/collection-development-policy or by requesting a physical copy at the Library's circulation desk.

I understand that my child will be expected to conduct himself/herself in a quiet, orderly manner while at the library. The librarian may request the child to leave the premises if the child's conduct is inappropriate. Loss of library privileges may result if behavior is repeated.

I realize issuance of this library card may change the checkout allowances of my adult patron card.

Child's Signature		Date
Parent/Guardian Signature		Date
Address		
City	State	Zip Code
Phone		