



Southlake Youth Action Commission Parental Consent Form

Parental Consent: I understand that my minor child wishes to serve as a member of the Southlake Youth Action Commission (SYAC) and I hereby give my permission for him/her to serve in that capacity. I understand that he/she will be expected to meet all of the requirements of the SYAC position, including attendance and adherence to SYAC policies and procedures. I understand that he/she will be under the direction and supervision of the City of Southlake employees and volunteers and will be expected to obey any and all directions given by said employees or volunteers. I understand that he/she will not receive monetary compensation for the services contributed or be guaranteed any future position with the City of Southlake. I understand that his/her participation in the SYAC Program is voluntary, and contingent upon the approval of his/her participation by the City of Southlake which may be refused or, once granted, withdrawn at any time for any reason. I further understand and agree that as a member of SYAC, my child is not an officer, agent, or employee of the City of Southlake, and that my child's service in such activity shall not be construed or interpreted as such. I also acknowledge that this consent gives my child permission to be transported by City staff on trips necessary for SYAC.

Emergency Treatment Release: In the event I cannot be contacted to make arrangements for emergency medical treatment, I authorize the person in charge to seek and obtain emergency medical treatment for my child. I also authorize transportation to the nearest medical facility in the event it should become necessary.

Liability Waiver: I, ON BEHALF OF MY CHILD, AGREE TO ASSUME ANY AND ALL RISKS ATTENDANT TO MY CHILD'S PARTICIPATION IN S.Y.A.C., WHETHER OCCURRING ON PUBLIC OR PRIVATE PROPERTY, WHICH MIGHT HARM OR AFFECT MY CHILD IN ANY MANNER WHATSOEVER AND I HEREBY AGREE TO HOLD HARMLESS AND RELEASE THE CITY OF SOUTHLAKE, ITS OFFICERS, AGENTS AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY AND ALL DANGER, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS, OR CAUSES OF ACTION FOR PROPERTY DAMAGE, LOSS, OR PERSONAL INJURY, PHYSICAL AND EMOTIONAL, INCLUDING DEATH, SUSTAINED BY MY CHILD IN CONNECTION WITH MY CHILD'S PARTICIPATION IN SYAC, REGARDLESS OF WHETHER SUCH ARISE IN WHOLE OR IN PART DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OF THE CITY OF SOUTHLAKE, THEIR OFFICERS, AGENTS OR EMPLOYEES. FURTHERMORE, I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CITY OF SOUTHLAKE, ITS OFFICERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS, LIABILITY, SUITS, DEMANDS, OR CAUSES OF ACTION FOR PROPERTY DAMAGE, LOSS AND/OR PERSONAL INJURY, PHYSICAL AND EMOTIONAL, INCLUDING DEATH, WHICH MY CHILD MAY SUFFER, REGARDLESS WHETHER SUCH CLAIMS, LIABILITY, SUITS, DEMANDS OR CAUSES OF ACTION ARISE FROM ANY ACTS OR OMISSIONS OF THE CITY OF SOUTHLAKE, THEIR OFFICERS, AGENTS OR

EMPLOYEES, AND REGARDLESS OF WHETHER SUCH ARISE IN WHOLE OR IN PART FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE CITY OF SOUTHLAKE, THEIR OFFICERS, AGENTS AND EMPLOYEES.

I agree that execution of this release shall not constitute a waiver by the City of Southlake, its officers, agents, or employees of the defense of governmental immunity, where applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

By signing this release, I certify that I have read this application thoroughly, I understand its terms and conditions, that I make this release and waiver voluntarily, and that I have not relied upon any representations made by the City of Southlake, its officers, agents, employees or volunteers. Furthermore, I understand the City of Southlake may use photographs of participants, including my minor child, for promotion.

EMERGENCY CONTACT INFORMATION

Parent/ legal guardian emergency contact information:

Name: _____

Home: _____ Work: _____ Cell: _____

Additional emergency contact:

Name: _____

Home: _____ Work: _____ Cell: _____

Signature of SYAC Applicant: _____ Date: _____

Signature of Parent/ Legal Guardian: _____ Date: _____

For more information contact:

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