

CONSENT TO PARTICIPATION OF MINOR AND RELEASE

In consideration for permitting the participation of _____,
NAME
a minor in the Yoakum City/School Summer Recreation Program and its games, practices, and functions, I, _____, certify that said minor was born on the
(Parent or Legal Guardian)
_____ day of _____, in the year of _____, and hereby authorize his/her participation in the Yoakum City/School Summer Recreation Program, and its games, practices, and functions and do hereby express waive any and all claims that I may have against the City of Yoakum, the Yoakum Independent School District, its commissioners, trustees, and officers for damages in the event said minor is killed or injured while attending or participating in the Yoakum City/School Summer Recreation Program functions whether through negligence or otherwise.

WITNESS MY HAND, this the _____ day of _____, 20____.

(Parent or Legal Guardian)

(Address)

(Phone Number)

WITNESSES:

I hereby grant permission to the Yoakum City/School Summer Recreation Program to secure emergency medical services for the above named minor in case of injury, sickness or accident. It is understood that the Yoakum City/School Summer Recreation Program, the City of Yoakum, nor the Yoakum Independent School District assumes any liability or responsibility in case of accident, sickness or injury. Should medical services be needed, the child has the following

condition _____.

And/or is taking the following medication _____.

If none, please so state.

(Parent or Legal Guardian Signature)