

CONSENT TO PARTICIPATION OF MINOR AND RELEASE

In consideration for permitting the participation of _____,
Participant's 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 _____, day of _____,

Parent or Legal Guardian

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 waive any and all claims that I may have against the City of Yoakum, the Yoakum Independent School District, its Council, 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.

I acknowledge I have thoroughly read this waiver and release and fully understand it is a waiver and release of liability. By signing this document, I am waiving any right I, or my heirs and/or assigns, may have to bring any and all legal actions or assert any and all legal claims against the City of Yoakum, the Yoakum Independent School District, its Council, trustees, and officers its employees, agents, directors, the "instructor", its respective representatives, executors, and/or assigns.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

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

Parent or Legal Guardian Signature

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 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