



**CITY OF LAUDERHILL
YOUTH COUNCIL/ TEEN LEADER
PARENTAL PERMISSION,
MEDICAL AND LIABILITY WAIVER FORM**

Member Name: _____
(Please Print)

GRADE School year 2021-22: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Telephone: (Cell) _____ (W) _____ (Other) _____

School Enrolled: _____ Student E-Mail: _____

Gender: _____ Date of Birth: _____ Age: _____

Emergency Contact: _____ Relationship: _____

Telephone: (Cell) _____ (Other) _____ (Other) _____

OTHER EMERGENCY CONTACTS:

Contact name: _____ Telephone: _____

Contact name: _____ Telephone: _____

Emergency Medical Consent and Authorization for Treatment

In the event of an injury that requires medical treatments, your child's medical insurance will be the primary insurance.

Insurance Company

Name: _____

Policy

Number: _____ Telephone: _____

I hereby give permission to the City of Lauderhill ("City") to secure proper treatment for my child in the event of illness/injury, if I cannot be reached. I give the City permission to authorize emergency transportation and/or emergency treatment to my child. I also permit the City's representative to sign all documents which are required in order to permit the emergency transportation and/or emergency treatment to my child. I further agree to indemnify the City for the costs associated with any emergency medical services incurred by my child.

Liability Waiver and Photograph/Media Consent

I hereby declare that I am the legal parent/guardian of the above named child and give my consent for his/her participation in the City of Lauderhill Youth Council. In consideration of my child being permitted to participate, I hereby release, waive indemnify and hold harmless the City of Lauderhill, their agents, employees or volunteers from any and all liability, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, defense costs, attorneys fees, loss of services, compensation, judgments, executions or demands whatsoever, including exposure to COVID-19 and even death, which may be caused or sustained by my child/ward, directly or indirectly, whether caused by the negligence of the CITY or otherwise.. I understand that my child is participating at his/her own risk. I further authorize the use of such photos and/or videos for any promotional and /or documentary purposes without compensation.

Parent/Guardian Name (Please Print): _____

Signature: _____

Date Signed: _____