

City of Lincoln City Parental Consent Form

In order for your child to become a volunteer with the City of Lincoln City, we need your consent. Please read and sign this Parental Consent Form if you would like the City of Lincoln City to continue the process of considering your child as a volunteer.

Note: This Parental Consent Form must be filled out for all volunteers under age 18.

Name of youth volunteer: _____

Volunteer Site: _____

I understand that my child (named above) wishes to be considered for volunteer work at the City of Lincoln City and I hereby give my permission for him/her to serve in that capacity, if accepted. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including attendance and adherence to agency policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

In consideration of _____ (Child's Name) my minor child being allowed to participate in any way in the City of Lincoln City Committees the undersigned acknowledges, appreciates, and agrees that:

1. The activities involved with committee service are intellectual and while the risk of injury is low, Parent agrees and assumes the risk of injury their child may incur while participating in committee work.
2. I acknowledge that my child (Child's Name) _____ does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent him/her from participating in the above mentioned activity(s) and if required, will obtain a medical examination and clearance.
3. I, for myself, my spouse, my child (or ward) and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS the City of Lincoln City and Releases from any and all liabilities incident to my child's involvement or participation in these programs, EVEN IF ARISING FROM NEGLIGENCE, to the fullest extent permitted by law.

4. By signing this Release, I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity.
5. I understand that this Waiver and Release Agreement is binding on me, my spouse, my heirs, my executor, my administrator, personal representatives, and assigns.

I HAVE READ THIS WAIVER & RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Parent/Guardian Printed Name: _____

Parent/Guardian

Signature: _____

Date: _____

Nature of relationship to volunteer _____

Volunteer Signature: _____