



PARENTAL CONSENT, RELEASE OF LIABILITY AND PERMISSION TO BE PHOTOGRAPHED/TAPED

COMMUNITY CONNECTION PROGRAM

SOUTH^{SALT}_{LAKE}

I _____ (Print Parent/Guardian Name) agree to allow _____ (Print Child's Name), to volunteer in the City of South Salt Lake's Community Connection Program (the "Program"):

I certify that I am the parent and/or legal guardian of the above named Child. I understand that my child's participation in the Program is entirely voluntary, without any expectation of remuneration or payment of any type.

I hereby certify that my child is medically fit to perform the types of activities associated with the Program. If there is any question regarding my child's medical fitness, I agree to seek a medical consultation before he or she participates in the Program. I understand that the City will not conduct any examinations to assess the fitness of my child to participate.

I agree that my child will receive direction from adults on scene, including the use of safety equipment such as eye protection, gloves or reflective vests. I agree that if my child refuses or neglects to follow directions, he or she may be asked to leave the Project area. I assume full responsibility for my child's actions.

I hereby fully release and discharge the City, its employees and its volunteers from any injuries or losses my child may suffer that are related in any way to his or her volunteering for the Program. I fully understand this document and am giving up my right to sue the City, its officers, employees, or volunteers for any injury suffered by my child as a result of his or her participation in the Program.

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the City to summon emergency medical care and/or provide medical transportation. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

I give full permission for representatives of the City and other participating institutions to capture video, audio, and still images of my child to be used in any manner, in perpetuity. I waive any and all rights to ownership or compensation for the use of such materials.

Signature: _____
Parent/Guardian Date

Parent/Guardian Address: _____
Address City State Zip

Parent/Guardian's Telephone No: _____

Parent/Guardian's Email: _____

Secondary Emergency Contact: _____
Name Phone