



## Parker Youth Commission Consent, Liability and Media Release Form

**Participant:**

I, the undersigned, do hereby consent to my participation in the Town of Parker Youth Commission. I acknowledge that I have read and understand the [Town of Parker Youth Commission Bylaws](#) and will attend all meetings, special meetings and events relative to this program; and that I understand that I will be removed from membership for failure to do so. I also acknowledge that upon submission of the application, I will be considered for membership with all other applicants and that I may or may not be selected. I further acknowledge that my participation in the program is voluntary.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

**Parent/Legal Guardian:**

I, the undersigned, do hereby consent to my child's participation in the Town of Parker Youth Commission.

I agree to indemnify and hold the Town of Parker, its staff, agents, consultants, and representatives harmless from any losses, damages, or injury which may result from my child's participation in activities with the Parker Youth Commission. This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in part by the negligence of the Town. I further agree to release, waive, and discharge, and covenant not to sue the Town for any claims, demands, or actions whatsoever arising out of any damage, loss or injury incurred on or to my child as a result of my child's participation in the event for which my child has applied. This release of liability and indemnity applies to my child, the undersigned, as well as any of my personal representatives, assigns, heirs, and next of kin.

I give the Town of Parker the right to use any photos from meetings and events for their website, social media sites, publications or any other promotion they see fit.

By signing below, I agree I have read and fully understand the effect of the relinquishment of my child's rights that I hereby waive.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_