



CITY OF WEST COVINA YOUTH COUNCIL 2015-2016



It is the mission of the West Covina Youth Council to advocate increased social, recreational, and educational opportunities for the community, with the emphasize on the youth. To this end, the Youth Council will; seek input from the community youth; investigate and raise awareness of issues affecting the youth; learn and engage in the governmental process; and work to serve the community for it's betterment

RELEASE OF LIABILITY AGREEMENT

I, _____ request that my child, _____
(Parent or Guardian) (Participant)

be allowed to participate in the City of West Covina Youth Council. I am aware that my child is attending this activity with The City of West Covina with my full knowledge of any/all danger that may be involved, and I hereby agree to accept any and all risk of injury, death, or property damage, unless loss is due solely to the City's negligence.

As lawful consideration for the City of West Covina permitting my child to participate with the Youth Council, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns will hold harmless and not make claim against, sue or prosecute the City of West Covina, its officers, agents, or employees, as a result of my child's participation, unless loss is due solely to the City's negligence.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability between the City of West Covina and myself and I sign it of my own free will.

Please Print Participant's Name

Phone / Cell Number

Participant's Birth date

School Attending

Age

Class

Email

Participant's Signature

Date

Parent/Guardian's Signature

Date

Address, City and Zip Code

Home Telephone Number

Work Telephone Number

Emergency Contact Name

Telephone Number