

## Mayor's Youth Council Consent Waiver



I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Little Rock, the Little Rock Mayor's Youth Council, and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in the City of Little Rock Mayor's Youth Council events and/or volunteer opportunities.

Acknowledging the city's qualified immunity, I the undersigned parent or guardian of [\_\_\_\_\_], a minor, hereby consent to his/her Little Rock Mayor's Youth Council events and/or volunteer participation and waive and release any and all rights, causes of action and claims for damages I may have against the City of Little Rock, the Little Rock Mayor's Youth Council, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by the City of Little Rock & the Little Rock Mayor's Youth Council for publicity purposes. I also agree to allow the City of Little Rock & the Little Rock Mayor's Youth Council to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

*Please print clearly:*

**Student's Name:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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