



City of Agoura Hills - Department of Community Services
Parent General Release, Waiver and Indemnity Agreement
EMERGENCY MEDICAL RELEASE

CHILD #1 NAME: First Last AGE:

CHILD #2 NAME: First Last AGE:

NAME OF PARENT/GUARDIAN: First Last

ADDRESS: Street City Zip

HOME PHONE: WORK: CELL:

CHILD'S PHYSICIAN: PHONE:

INSURANCE COMPANY: POLICY #:

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN:

NAME: PHONE NUMBER(S):

NAME: PHONE NUMBER(S):

Are there any medical or physical conditions (including allergies) of the child(ren) that we should be aware of?

Is the child on any medication? No Yes

If yes, Name of child and Name of medication and dosage

Section 1. I, (insert name of parent or guardian), certify that I am the parent or legal guardian of (insert name of minor) ("Child") and that I am entitled to his or her custody and control and I do hereby give my permission for the Child to participate in Excursions. I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program.

Section 2. I realize that, by participating in this Program, the Child will be exposed to a risk of injury or death.

Section 3. In consideration of permitting the Child to enroll in and participate in the Program, I agree (on behalf of myself, the Child, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims and actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers).

Section 4. I further agree (on behalf of myself, the Child, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Child's participation in the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers).

Section 5. I understand the dangers incidental to participating in the Program. I have discussed the dangers of the Program and the need for safety precautions with the Child. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

Section 6. I authorize any emergency medical attention, which may be needed for my child.

Parent or Guardian: Date: