

**ST. CLOUD PARKS AND RECREATION
WAIVER AND HOLD HARMLESS AGREEMENT**

2014 Yam Round-up

DATE: _____

STUDENT'S NAME: _____ D.O.B: _____

PARENT'S NAME(S): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

Parent's Cell Phone #: _____ Home Phone Number: _____

E-Mail Address: _____

MINOR CHILD AGREEMENT

(Fill this out for participating child/children under 18 years of age)

Minor Child Agreement and Waiver

The undersigned parent (or legal guardian) of _____, a minor child, hereby consents to participation of said child in all City of St. Cloud's Parks and Recreation Programs activities (Program(s)), including, but not limited to, Swimming Pool Programs and field trips with transportation provided by the City of St. Cloud (City). I do hereby acknowledge and agree that the named minor child must be six months old or older to participate in any Program. In the event that the minor child should sustain emergency injuries or illness while participating in the Programs, I do hereby authorize the City to administer, or cause to be administered such first aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital if the parent or guardian is not available. Any such first aid or treatment is expressly limited to emergency situations and it is expressly understood that, except as provided herein, the City will not provide, or be responsible for the provision of, medicine of any kind to the minor child.

In consideration of the services to be performed by City and the participation of minor child in the Programs, the parent/legal guardian, on behalf of himself and the minor child, their heirs, assigns and agents does hereby agree to indemnify and hold harmless City, its Council, employees, officers, agents, servants and volunteers from and against any and all claims, demands or liability for loss, expense, damage or injury of any nature, kind or amount whatsoever to person or property resulting in any way, form or fashion and arising directly or indirectly from or connected with any and all participation in the Programs. I further authorize, agree and consent to the use by City or its assigns and agents, of any photographs, recordings, video or pictures of any kind depicting the minor child participating in the Programs.

Witness: _____

Date: _____

Signature

Printed Name