

Signature of Participant (Parent if under 18): ___

Teen Advisory Board Application

_Date: _

Full Name:	Year of Birth
Address:	
City/Zip:	
Home Phone:	Cell Phone:
Email:	
Emergency Contact:	Phone:
Relationship to volunteer:	
Waiver, Release, Hold Harmless and Agreement Not to Sue. I hereby choose to participate as a City of Mission Viejo ("City") Volunteer. I am aware that this volunteer assignment may present risk of injury, death, communicable diseases, illnesses, viruses, and/or property damage or loss. As a volunteer for the City in the capacity of I hereby release, discharge, and agree not to sue the City for any injury, death, or damage to or loss of personal property arising out of, or in connection with my participation in the TEEN ADVISORY BOARD from whatever cause, including the active or passive negligence of the City or any other participants in said program. This document is not intended to release any party from any act or omission of "gross negligence", as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the above-mentioned program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City, its officers, officials, employees, agents, and volunteers from and against any and all claims, idemands, actions, or suits arising out of or in connection with my participation in the TEEN ADVISORY BOARD. I hereby irrevocably give consent to the City, its employees, officers, officials, agents, and representatives to use, authorize and assign unlimited permission to use, post, publish, and republish for any purpose whatsoever by the City, or anyone authorized by City, any and all video and/or photographs, which the City, its employees, officers, officials, agents, or representatives have taken of me, negative or positive, without further compensation to me. All video and photographs, including negatives, prints, and digital storage of such shall constitute the property of City. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.	
Signature of Participant:	Date:
Signature of Participant:Date:	
State of California that I am the parent or legal guardian of the above-mentioned Minor. I hereby allow my child to participate in the TEEN ADVISORY BOARD. I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risk for injuries arising out of my child's participation as a volunteer for the City. I acknowledge the above release and waiver of participant and agree with its contents. I agree that the City, and its officers, officials, employees, agents, and volunteers shall NOT be responsible or liable for any injury, damage, loss or expense to my child and/or mine or my child's property incurred during my child's participation as a volunteer. I further declare that I shall indemnify, defend, and hold harmless the City, its officers, officials, employees, agents, and volunteers from and against any and all Claims resulting from, incident to, or arising out of my child's participation as a volunteer for the City of Mission Viejo, any and all risks assumed by my child and me above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release. Parent Name (Please print):	
Signature of Parent: Date:	
MEDICAL RELEASE In the event of an emergency, I hereby give permission to the emergency medical staff selected to hospitalize and secure proper treatment for myself or my child and I will assume all medical costs.	