HARWOOD HEIGHTS YOUTH COMMISSION
PARENTAL/LEGAL GUARDIAN RELEASE AND AGREEMENT

Please read carefully. This release form and agreement affects your legal rights and remedies.

MINOR CHILD'S NAME:____

As parent(s) or legal guardian(s) of the above-named minor child, I (We) hereby give my (our) approval to his/her participation in the Harwood Heights Youth Commission Program and activities. I (We) understand that participation in the program and activities may involve transportation to/from said Harwood Heights Youth Commission Program and activities. I further understand and acknowledge that there are risks involved in allowing my child to be transported/to/from said Harwood Heights Youth Commission Program and activities.

I (We) do hereby, for myself (ourselves), my (our) child, my (our) heirs, executors, administrators, and assigns, waive, release, and forever discharge the Harwood Heights Youth Commission and the Village of Harwood Heights, their successors, assigns, directors, officers, members agents, organizers, supervisors, staff, transporters, and their heirs, executors, administrator and assigns from any and all manner of action and actions, cause and causes of action, suits, debts, accounts, damages, claims and demands whatsoever in law, in equity, or in admiralty, which each of us now has or may acquire, by reason of personal injury or loss of or damage to personal property, which may be related in any way to my (our) child participating in or being transported to/from the Harwood Heights Youth Commission program and activities, whether the result of negligence or for any other cause.

My (Our) child has no physical or mental handicaps, ailments, or conditions that prevents his/her participation in the Harwood Heights Youth Commission program and activities. I (We) assume all risks and hazards incidental to my (our) child's participation in said program and activities, and am (are) solely responsible and liable for obtaining any and all medical releases and clearances from the appropriate doctors or medical treatment providers. I (We) hereby agree that I (we), on behalf of myself (ourselves) or my (our) child, jointly and individually, will in no way hold the Harwood Heights Youth Commission or the Village of Harwood Heights liable or responsible for any injury, death, property damage, loss or inconvenience to my (our) child or myself (our) child or myself (ourselves) which in any way arises from any act or activity during the course of participating in the Harwood Heights Youth Commission program and activities. I (We) further agree to indemnify and hold harmless the Harwood Heights Youth Commission, the Village of Harwood Heights and the individuals who are involved in transporting my (our) child to and from or supervising my (our) child during the Harwood Heights Youth Commission program and activities.

_____________________________   _____________________________________   __________________________
Signature of Mother/Guardian   **Signature of Father/Guardian**   **Phone Number**

_____________________________   ____________________________
Date   **Date**

________________________________**Program**   ____________**Boy**   _________**Girl**

Name_______________________________________   **Birthdate_______/_______/_____/_______**
Month Day Year Age

Addess____________________________________/__________________________/_____________________
City Zip Code

School________________________________   **Grade _____________**   **T-Shirt Size________________**

Harwood Heights Resident □   **Fee___________**   **Non Resident □**   **Fee_________________**

I will be able to offer volunteer services in the program.

Yes____________________________   No__________________________

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Receipt of Payment

Please make your check payable to THE VILLAGE OF HARWOOD HEIGHTS
In the amount of:

$______________________ for the ______________program.

THANK YOU!! H.H.Y.C.