



**Parent University Childcare
Waiver**
February 1, 2020 at Seaside High School

PARENT'S INFORMATION

Last Name: _____ First Name: _____
 Address: _____ City / ZIP: _____
 Phone: _____ Email: _____

CHILDRENS' INFORMATION

	First Name	Last Name	Gender	Birthday
1	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
2	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
3	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
4	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
5	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
6	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /

Medical Consent and Liability, Indemnity and Participation Agreement

In consideration of my own and/or the above named individual participants in the programs listed above, I voluntarily release the City of Seaside, their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my and/or the individuals named above participation in the program. Additionally, as myself and/or as parent and/or guardian of the individuals named above, I do forever release and hold harmless and indemnify the City, their officers, agents, employees and volunteers from all claims or rights of action for damages which myself and/or the above named individuals has or may hereafter have, resulting in anyway connected with myself and/or the individuals named above participating in this program, either before or after the individual named above reaches their age of majority. I understand that this waiver and release is applicable even though the negligent activities of the City, their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage.

In consideration of my own and/or the above named individuals participation in the programs listed above do hereby agree to allow the individuals named above to participate in the aforementioned activity and authorize the program directors and/or instructors as agents for the above signed to consent to medical, surgical and dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is further understood that this Agreement is binding on my heirs and assigns, as well as those of the individuals named above. I agree that pictures taken during program hours may be used for all future promotional purposes and hereby grant permission to the City to use my own or the above named individuals picture in the City's publications and the City's internet webpage. I further agree on behalf of myself and the above named individual to release and discharge the City, its officers, employees, agents, and volunteers from any and all claims or causes of action arising out of the photograph, name, image or likeness. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I agree to return upon request equipment issued to the above participants in as good condition as when received except for normal wear and tear. The City of Seaside will not provide health and/or accident insurance for program participants.

I HAVE READ THIS MEDICAL CONSENT AND LIABILITY, INDEMNITY AND PARTICIPATION AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature

Date



**La Renuncia de Cuidado de Niños
para la Universidad de Padres**
1 de febrero del 2020, en la escuela de Seaside High

INFORMACIÓN DE GUARDIÁN

Apellido: _____ Nombre: _____
Dirección: _____ Ciudad/ Código Postal: _____
Teléfono: _____ Correo Electrónico: _____

INFORMACIÓN DE NIÑOS

	Nombre	Apellido	Género	Fecha de Nacimiento
1	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
2	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
3	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
4	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
5	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /
6	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /

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Firma

Fecha