

## Liability Waiver

As the parent/guardian of a minor or participating person that is participating in the City of Oakley's Police Department Mentoring Program, I recognize and acknowledge that there are certain risks of physical injury. This Waiver, Release and Indemnity Agreement is intended to discharge in advance the City of Oakley, the You, Me, We Oakley!, the Liberty Union High School District, the Oakley Union Elementary School District its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with my child/wards' participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. It is further agreed that this Waiver, Release and Indemnity Agreement is to be binding on my heirs and assignees. I agree to assume the full risk of any injuries, damages or loss that my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with these activities. Parent/Guardian additionally agrees to indemnify the City against any claims or rights of action for damages which the minor(s) has/have before or after they reach age of majority. In the event of any emergency, I authorize City Officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

- I agree to all of the above conditions, and
- I agree to abide by all instruction set forth by the City of Oakley staff during my participation in this program
- I understand that I am required to wear and/or use all safety equipment designated by the City of Oakley Staff.
- *I understand that I am subject to dismissal from participation of said activity for inappropriate and disrespectful behavior*
- I understand that if I am accepted as a mentee any false statements, omissions, or other misrepresentation made by me on the application may result in my immediate dismissal.
- I have read and fully understand the above Waiver, Release and Indemnity Agreement and Permission to Secure Treatment
- I understand that I will be treated fairly without discrimination
- Each participant must have his or her own individual application and waiver form!

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Commitment

As a parent/guardian, I understand the purpose of the City of Oakley's Police Department Mentoring Program and the commitment my child has made to his/her mentor and the commitment the mentor has made to my child.

- I fully support the program.
- If I have any questions regarding the program, the activities, the relationship between my child and the mentor, I will contact Gaby Baños, Program Coordinator at 925-625-7011 immediately.

Parent/legal guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_