



**City of Green Cove Springs Augusta Savage
Mentoring Center**

~ WAIVER OF LIABILITY ~

- ***Print, complete, and return this form to the instructor.***

Child's Name _____ Grade/Age _____

Class _____

***Parent/Guardian Permission & Waiver of Liability
& Authorization for Emergency Care***

I, hereby give consent for my child to participate in the above-named class.

I, hereby release the City of Green Cove Springs and its staff, class instructors and volunteers from all liability from property damage, personal injuries, or other claims arising from or in connection with my student's participation, including claims that are known and unknown, foreseen, and unforeseen, future, or contingent.

I authorize the Class Instructors or City staff to secure medical attention as may be necessary for my child because of an injury or other events requiring emergency care while I am not in attendance.

I hereby release said Class Instructors or City staff from all liability on account of such selection or authorization for all damages which may occur.

Parent/Guardian printed name: _____

Parent/Guardian Signature: _____ Date: _____

Work/Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____ City _____, Zip _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Parent Understanding

I understand participating in classes offered by the City of Green Cove Springs Augusta Savage Mentoring Center can be an extremely valuable experience for young people. We will make every attempt to employ the finest coaches or sponsors, supply students with the best equipment and facilities, and provide opportunities to develop skills and interests in various areas of dance, music, art, tutoring, and mentoring. This communication is being written so you and your student can understand that there are expectations of each child to give their best effort, work hard, attend classes, and be a team player. All information given above is accurate.

Parent Signature _____ Date: _____