



*If applicant is under 18 years of age, consent from a parent or legal guardian is required.*

## Hayward Youth Commission Parent Agreement and Contact Information

In consideration of the City's authorization to allow my child to participate as a Hayward Youth Commissioner, I hereby agree and acknowledge on behalf of my child (Print Child's First & Last Name: ) the following:

1. I represent that I am the legally responsible guardian for the above named child. I fully consent to my child's participation as a volunteer for the City of Hayward. As used, "parent" refers to me and "child" refers to my child.  
Is any custody order affecting the child?  Yes  No  
If yes, please submit the hard copy documentation to the City Clerk's Office.
2. I agree to inform a representative of the City of Hayward of any special needs of my child.
3. I give the City of Hayward and any other media sources my full permission to use my child's name and/or pictures, or voice recordings, for any publicity and/or promotional purposes without obligation or liability to me or my child.
4. That the City of Hayward, its officers, employees, agents, volunteers, and sureties, and each of them shall not be responsible or liable for any wrongful death, personal injury, or damage or loss of property incurred by my child while participating as a City of Hayward volunteer, whether the same shall arise by the negligence or omission of any said persons, or otherwise.
5. That for my child, all the information provided in this application is true and correct.

Typing your name constitutes a legal signature confirming that you acknowledge and agree to the terms listed above:

*I certify under penalty of perjury that the foregoing is true and correct.*

Parent/ Legal Guardian Printed Name:

Date:

Phone Number:

Email:

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Other Emergency Contact Name

Phone Number:

Email: