

**AGREEMENT, RELEASE AND WAIVER OF LIABILITY**

In consideration of my child participating in the Galveston Island Beach Patrol's Junior Lifeguard Program;

I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- I have given my child parental or legal guardian approval to participate in the Galveston Island Beach Patrol's Junior Lifeguard Program.
- To the best of my knowledge, my child is in GOOD PHYSICAL CONDITION and has no disease or injury that would prevent him/her from performing activities in the Galveston Island Beach Patrol's Junior Lifeguard Program.
- Participation in the Galveston Island Beach Patrol's Junior Lifeguard Program may involve RISK OF INJURY TO MY CHILD, INCLUDING DEATH, LOSS OR DAMAGE TO MY CHILD OR MY CHILD'S PROPERTY, or other consequences, which might result not only from my child's actions, in-actions or negligence, but also the actions, in-actions or negligence of others, or the conditions of the premises or of any equipment used;
- There may be OTHER RISKS not known or not reasonably foreseeable;

and understanding all of the above,

I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- Galveston Island Beach Patrol, the Park Board of Trustees of the City of Galveston or any of its agencies, its Board of Directors, its employees, affiliated with their programs;
- Any other participants, municipalities, governmental agencies

I CONSENT TO:

- ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with Galveston Island Beach Patrol

I HAVE READ THIS FORM IN ITS ENTIRITY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Junior Lifeguard \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_