



CITY OF UTQIAGVIK

"Farthest North Incorporated City"

Release of Liability Agreement

I, the undersigned, hereby represent that I am the Custodial Parent/Legal Guardian of _____ . I hereby give my permission for the above named child to participate in the City of Utqiagvik Little Dribblers Program and all activities related to the program.

I understand the risks related to participation in sports activities and assume any and all of the risks of participation in the program including, but not limited to property damage, injury or even death.

Participation in this program and the use of transportation to and from the program facility is completely voluntary and therefore, I hereby release the City of Utqiagvik, its employees, agents, and any representative of the program, from any and all claims of liability for personal injury, death or property damage.

Medical Authorization

Further, I, the parent/legal guardian authorize the City of Utqiagvik Little Dribblers Program to provide emergency treatment for any injury or illness my child may experience during participation in the program. I consent to any and all treatment deemed necessary by qualified medical personnel. This authorization is granted ONLY if I cannot be reached and a reasonable effort has been made to do so.

Printer Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____