Transportation Permission & Release

City of Pooler – Youth Council Program

I give permission for my child to be transported for Youth Council activities, including but not limited to meetings, community events, and educational trips.

Transportation may include:

- City-owned vehicles
- Chartered buses
- Walking to nearby locations
- Approved volunteer or staff transportation

I release the City of Pooler from liability related to transportation, except in cases of gross negligence.

Participant Name: _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Media Release & Photo/Video Consent

City of Pooler – Youth Council Program

I grant permission to the City of Pooler to photograph, videotape, and/or record my child during Youth Council activities.

These images or recordings may be used for:

- City publications
- Social media
- Website
- Promotional or educational materials

I understand that no compensation will be provided and that the City retains ownership of the media.

☐ **Yes, I grant permission** ☐ **No, I do NOT grant permission**

Participant Name: _____

Parent/Guardian Name: _____

Participant Signature: _____

Parent/Guardian Signature: _____ **Date:** _____

Liability Waiver & Release of Claims

City of Pooler – Youth Council Program

I understand that participation in the City of Pooler Youth Council Program may include, but is not limited to, meetings, trainings, community events, educational activities, and travel. I acknowledge that these activities may involve inherent risks, including but not limited to personal injury, illness, property damage, or accidents.

I hereby voluntarily release, waive, discharge, and hold harmless the City of Pooler, its elected officials, officers, employees, volunteers, agents, and representatives from any and all claims, demands, actions, or causes of action arising out of or related to my child's participation in the Youth Council Program, except in cases of gross negligence or willful misconduct, as permitted by law.

I affirm that my child is fully capable of participating in program activities and that I have disclosed all relevant medical information on the Emergency & Medical Information Form. I understand that the City does not provide medical insurance coverage for participants.

I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which may occur as a result of participation in the Youth Council Program.

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____