Pooler Youth Council
Parent/Legal Guardian
Consent, Release, and Authorization

Updated **JULY 2026**

NOTICE TO PARENT/LEGAL GUARDIAN

Thank you for supporting your student's interest in serving on the Pooler Youth Council. The PYC provides high school students with opportunities to develop leadership skills, serve their community, and participate in local government through volunteerism, civic engagement, and community service initiatives.

This form requests your permission for your child to participate in the Pooler Youth Council, if selected. It also includes important authorizations and acknowledgments regarding transportation, emergency medical treatment, liability and assumption of risk, and the use of media for official City of Pooler purposes. Please read each section carefully before initialing/signing.

Student Information

Student Name	Current School	Grade

Parent/Legal Guardian Consent to Participate

I, the undersigned parent or legal guardian of the student identified above, give my permission for my child to participate in the Pooler Youth Council, including meetings, volunteer projects, leadership activities, educational programs, community events, field trips, and other activities sponsored or approved by the City of Pooler during the term of the student's appointment.

I acknowledge that I have received and read this Parent/Legal Guardian Consent, Release, and Authorization form. I understand that the following sections include important information regarding liability, transportation, emergency medical treatment, and the use of photographs and video recordings. By signing this form, I acknowledge that I understand and agree to the terms and conditions contained herein.

Parent/Legal Guardian Initials: _____

Liability Waiver and Release of Claims

I understand that participation in the 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.

I affirm that my child is fully capable of participating in program activities and that I have disclosed all relevant medical information below. 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 Pooler Youth Council program.

Parent/Legal Guardian Initials: _____

Pooler Youth Council
Parent/Legal Guardian
Consent, Release, and Authorization

Updated **JULY 2026**

Transportation Authorization and Release

I give permission for my child to be transported for Pooler Youth Council activities, including but not limited to meetings, community events, volunteer projects, educational programs, and leadership trips. Transportation related to Pooler Youth Council activities may include:

- ☐ City-owned vehicles
- ☐ Chartered buses or other approved transportation services
- ☐ Walking to nearby locations as part of approved activities
- ☐ Approved transportation provided by City staff or volunteers

I understand that transportation may be necessary to support participation in Pooler Youth Council activities and that reasonable safety precautions will be taken by the City of Pooler and its representatives.

I acknowledge that transportation involves certain risks, including the possibility of accidents, injury, delays, or other unforeseen circumstances. To the fullest extent permitted by law, I release and hold harmless the City of Pooler and its elected officials, officers, employees, agents, and volunteers from liability arising from transportation provided or arranged for Pooler Youth Council activities.

Parent/Legal Guardian Initials: _____

Emergency Medical Authorization and Information

I authorize the City of Pooler, its employees, representatives, and designated volunteers to obtain emergency medical care and treatment for my child if an illness, injury, or medical emergency occurs during a Pooler Youth Council activity and I cannot be reached in a timely manner.

I understand that reasonable efforts will be made to contact me or the emergency contact listed below before medical treatment is provided; however, in the event of an emergency, I authorize qualified medical personnel to provide appropriate evaluation and treatment as deemed necessary.

I understand that I am responsible for providing accurate and current medical information for my child and for any medical expenses, costs, or charges incurred as a result of emergency medical care or treatment.

_____

Emergency Contact Name | Relationship to Student | Emergency Phone

_____

Allergies or Medical Conditions (if applicable)

_____

Medications or Special Instructions (if applicable)

_____

Physician Name (optional) | Physician Practice (optional) | Physician Phone (optional)

Parent/Legal Guardian Initials: _____

Pooler Youth Council
Parent/Legal Guardian
Consent, Release, and Authorization

Updated **JULY 2026**

Media Release and Photo/Video Consent

I grant permission to the City of Pooler to photograph, videotape, and/or record my child during Pooler Youth Council activities. I understand that these images, videos, and recordings may be used for official City purposes, including:

☐ City publications
☐ City social media accounts
☐ City website
☐ City promotional or educational materials

I understand that no compensation will be provided for the use of these materials and that the City of Pooler retains ownership of the resulting media. I release the City of Pooler from any claims related to the authorized use of photographs, videos, or recordings of my child.

☐ Yes, I grant permission.
☐ No, I do not grant permission.

Parent/Legal Guardian Initials: _____

Parent/Legal Guardian Acknowledgment

I certify that I have read and understand this Pooler Youth Council Parent/Legal Guardian Consent, Release, and Authorization form. I understand that my signature confirms my agreement to the permissions, authorizations, and releases contained in this form.

_____

Parent/Legal Guardian Name Parent/Legal Guardian Signature Date