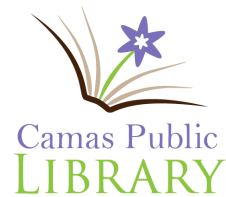


# Camas Public Library Youth Advisory Council



## Application

*once completed, turn in to any staff member at the library*

Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail (you MUST have an email account you check regularly to be in this group):

\_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

School name: \_\_\_\_\_

As a volunteer for the City of Camas, I will use all provided equipment appropriately and follow all safety practices. I am aware that the work associated with being a City volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of being given the opportunity to participate in the City's volunteer program, I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in the program, and I further hold harmless the City of Camas, it's officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program, and I waive my right to bring claim or lawsuit against them for any such injury, damage, or death. Furthermore, I agree to hold harmless, defend and indemnify the City of Camas, it's officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the volunteer program except for injuries or damages caused by the sole negligence of the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program. I agree to be the party responsible for all medical expenses which are incurred in my behalf.

I also give the library permission to take pictures of me participating in library events. These photos may be used for publicity, which may include the library's website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(parents/guardians must sign the back)

**Parent/Guardian Info**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

I am aware that my child is applying for a position on the Camas Public Library Youth Advisory Council. I understand that their commitment is to attend the monthly meetings, and in addition, to help at other library events as needed. I also give the library permission to take pictures of my child participating in library events. These photos may be used for publicity, which may include the library's website.

I certify that I am the parent or legal guardian of the volunteer above named; that I have read and understood the foregoing release and waiver; and that in consideration of allowing the volunteer to participate in the City's volunteer program, I join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of any personal injury, damage, or death of the participant against the City of Camas, its officials, employees, and agents. I further grant my full consent and authorization for the above-named volunteer to engage in the activity described above. Furthermore, I authorize all reasonable medical treatment that may be necessitated in the event of injury or accident occurring to the participant named above while working in the volunteer program. I agree to be the party responsible for all medical expenses that are incurred in my child's behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

