



City of Kingman

310 NORTH FOURTH STREET • KINGMAN • ARIZONA • 86401 • (928)753-5561
www.cityofkingman.gov

CITY OF KINGMAN YOUTH ADVISORY COMMISSION PARENT PERMISSION FORM

To be filled out by applicant's parent(s) or legal guardian.

I grant permission for my child, _____, to participate in the YOUTH ADVISORY COMMISSION AND RELATED ACTIVITIES. I/we hereby release and forever discharge the Mayor and Council of the City of Kingman, Mohave County, Arizona, a municipal corporation, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against it or them, including transportation to or from any portion of this program, and in that regard, I/we covenant to indemnify and hold harmless the foregoing from any loss or damages, including reasonable attorney's fees which may be by them incurred in the event of any such claims are asserted against them or any of them. I/we additionally permit the free use of my child's name and picture in broadcasts, newspapers, etc.

Printed Name

Signature

Date

STATE OF ARIZONA)
) ss.
County of Mohave)

On _____, before me, _____, (name, title of officer), personally appeared _____, personally known to me, OR, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my and official seal

Signature