

Youth Council Registration Form



Youth Council Member Information

Name _____ Grade _____

Phone Number _____

Email _____

Home Address _____

Parent or Guardian of Youth Council Member Information

Name _____

Phone Number _____

Email _____

Communication Notice:

All communications regarding Youth Council will be delivered via text message to the Youth Council Member's phone number listed above. If no phone number is provided for the Youth Council Member, the Parent or Guardian's phone number listed above will be included in the communication.

Saratoga Springs City Disclaimer:

In Consideration of City of Saratoga Springs granting permission to the undersigned the right to participate in the above activity, I hereby waive all claims for damage or loss to my person and property which may be caused by any act, or failure to act, of City of Saratoga Springs, its officers, agents, volunteers, or employees in connection with the above-named activity. I assume the risk of all dangerous conditions that may be involved in participating in the above-named activity and waive any and all specific notice of the existence of any such condition.

I, for myself and for my heirs, legal representatives, and assigns, in consideration of allowing me to participate in the above-named activity, covenant with City of Saratoga Springs its heirs, officers, agents, volunteers, or employees, to never institute any suit or action at law or in equity against City of Saratoga Springs its officers, agents, volunteers, or employees, by reason of any claim I may have that arises out of my participation in the above-named activity.

I, for myself and for my heirs, legal representatives, and assigns, do hereby release, acquit, and forever discharge City of Saratoga Springs, its officers, agents, volunteers, or employees and each of them for and from any and all claims, cause of action, suits, damages, injuries, and liabilities of every kind and nature, known or unknown, arising out of my participation in the above-named activity.

Youth Council Member Signature _____ Date _____

Parent or Guardian Signature _____ Date _____