TEEN ACTIVITIES COUNCIL

CITY of CALABASAS

TEEN ACTIVITIES COUNCIL (TAC) APPLICATION

Name: _____ Age: ____ Date of Birth: _____

Address: _____

Telephone Number: _____ Email: _____

School: _____ Grade Level: _____

T-Shirt Size: ○ S ○ M ○ L ○ XL ○ XXL

Briefly explain why you would like to participate in the Teen Activities Council:

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from and against any and all liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. (The City does not provide accident, medical, liability, worker's compensation insurance or other insurance for program participants). As parent / guardian, I hereby consent to emergency treatment of my minor child as a result of any accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk at the premises. I understand the City retains the right to use photos taken during the activity for publicity purposes.

Adult/Parent Signature: _____ Date: _____