

**CITY OF AURORA COMMUNITY SERVICES DEPARTMENT  
USA LEADERS STUDENT GROUP  
PARTICIPANT WAIVER/HOLD HARMLESS AGREEMENT**

- **Please read and sign below. You must return this before your child can participate in the scheduled USA Leaders Volunteer events.**

I, the undersigned, want my child to participate in the City of Aurora United Students of Aurora (“USA”) Leaders student group.

I understand that the activities involved with these volunteer activities contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my child’s participation, actions and physical condition.

In consideration of my child’s participating in the leadership group (USA Leaders) and its volunteer activities, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Aurora and its employees, representatives and successors for any injuries or property loss suffered by my child while engaged in USA Leaders activities.

I agree to indemnify and hold the City of Aurora, the Community Services Department and any of their servants, agents, officials or employees free and harmless from any liability, loss, cost or expense including attorney fees, which may result from my child’s participation in USA Leaders activities. I agree that I am fully responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to my child as a participant in the USA Leaders activities and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

I grant full permission to use any photographs, videotapes, recording or any other record of the USA Leaders activities for any purpose. By signing below, I agree that I understand and consent to this statement.

\_\_\_\_\_  
**Printed Name of Participant** **Date**

\_\_\_\_\_  
**Address** **City** **Zip** **Home Phone**

\_\_\_\_\_  
**Signature of Parent/ Guardian** **Daytime Phone**

\_\_\_\_\_  
**Signature of Participant** **Date of Birth**

\_\_\_\_\_  
**Contact In Case of Emergency (PRINT)** **Phone Number**