



City of Elko
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CITY OF ELKO
TAKE PRIDE IN ELKO COMMUNITY CLEAN-UP/GREEN-UP EVENT
EMERGENCY INFORMATION FORM & PERMISSION APPLICATION
FOR PARTICIPANTS 18 YEARS OR YOUNGER

Participant's Name _____

Date of Birth _____

Parent/Guardian's Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cellular Phone Number _____

Alternate Emergency Contact Name _____ Ph # _____

Physician's Name _____ Ph # _____ Address _____

Medical History or Physical Limitations _____

Name of Health Insurance Company _____

I _____ Parent/Guardian of _____ do
hereby give permission to participate with the Take Pride in Elko
Community Cleanup/Greenup activities on 04/27/2019

I certify that I shall assume full financial responsibility for any
injury of my child and I shall not expect or request any financial aid
from the organization or any agency of it in case of an injury.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SPECIFIC INFORMED CONSENT

I _____ certify that I have read, understand and agree to the conditions in the Informed Consent located below:

I grant permission for my child to volunteer services to The City of Elko . I understand the nature of the volunteer activities that are to be performed by my child may involve physical activity, contact with unidentified and unfamiliar persons, tools and equipment and may involve other potential risks of injury.

Knowing this, I still wish to grant permission for my child to participate as a volunteer and hereby assume the risk, with respect to any liability of the City of Elko for such risks of any accident or injury to person or property, which my child may sustain in connection with (his/her) participation as a City of Elko volunteer. In addition, I hereby release and discharge the City of Elko and all of its directors, officers, employees, partners, affiliates, agents or successors from any and all liability or responsibility for any such accident or injury. My child has health insurance coverage, which would cover any accident or illness, and I understand that the City of Elko will not be responsible for any medical expenses, which I may incur as the result of my child's activities as a City of Elko volunteer.

I understand that my child's failure to cooperate with the City of Elko staff members and abide by the rules and standards of the City will result in forfeiture of the right to participate as a Volunteer of the City of Elko. I recognize that children must remain with their parent/guardian or their supervising adults at all times while on City property. I authorize the non-commercial use of any photographs, film, recording or video tape to publicize the City of Elko volunteer event.

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT:

- (1) I recognize that medical or dental care may be necessary for my minor child.
- (2) I authorize City of Elko and the volunteer leaders to render first aid and or emergency care, within the scope of the certification of the outing leader(s).
- (3) I authorize the City of Elko staff to call for medical or dental care for my minor child if, in the opinion of the City of Elko or volunteer leader present, medical or dental care is needed.
- (4) I agree to pay for all expenses and costs associated with such care and related transportation.
- (5) I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital in the State of Nevada or the equivalent agency in another state.
- (6) It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his/her best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that the above referenced treatment will not be withheld if the undersigned is incapacitated or cannot be reached.
- (7) The undersigned further represent(s) that (he) (she)(they) (has)(have) read all of the foregoing document and voluntarily and with full knowledge of its contents do(es) hereby freely sign the same. The undersigned further knows that if any injuries occur, the release of liability herein contained may be used against (him)(her)(them) to prevent recovery against persons or entities which (he)(she)(they) (has)(have) released.

SPECIMEN INFORMED CONSENT Signatory Page

Parent/Guardian Signature

Date