



## NEIGHBORHOOD IMPROVEMENT TEAMS

### Liability and Work Release Form

Dear Parent/Guardian,

The \_\_\_\_\_ Neighborhood Association received a 2026 Grants for Neighborhood Program grant to engage youth in implementing neighborhood improvement activities. Your son/daughter has been hired by the association to participate in the City of Savannah's ***Neighborhood Improvement Team***. The tasks may include mowing, raking yards, planting, picking up litter, leaves and trash, moving small items, painting and minor repairs.

If you wish for your child to work on the team, please fill out the information below and sign. This statement serves as a liability waiver and work release form for the association.

#### PLEASE PRINT

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_

Address \_\_\_\_\_

Parent(s)/Legal Guardian(s)

Name \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact? \_\_\_\_\_

Preferred hospital? \_\_\_\_\_

1. Does your child suffer from any disorder or medical condition that may impede or interfere with his/her ability to safely participate in any physical activity, including swimming?
  - a. Yes    b. No
  
2. Does your child suffer from any seizure disorder?
  - a. Yes    b. No
  
3. Has your child experienced seizures in the past?
  - a. Yes    b. No
  
4. Is your child presently under the care of a physician for any disorder or medical condition of which the City should be aware to ensure his/her safe participation in physical activities?
  - a. Yes    No
  
5. Does your child take any medications or have any other special needs (including allergies)?
  - a. Yes    b. No
  
6. If you answered "Yes" to any of the above medical questions, please explain

**WAIVERS/LIABILITIES**

**Indemnification/Hold Harmless Agreement:** I/We, the undersigned, consent for me, my/our minor child/ ward to participate in the program sponsored by the City of Savannah and the West Savannah Neighborhood Association(herein referred to as “Neighborhood Association” . In consideration of his/her participation in the program, I/we hereby agree to assume all the risks and hazards incidental to said participations and do further agree to waive all claims against and release, absolve, indemnify and otherwise hold harmless the City of Savannah and Neighborhood Association, its employees, administrators, agents and others who assist the above, for any loss, damages or personal injuries that I, said child/ ward may receive as a result of such participation.

**Photo/Video Release:** I hereby grant permission for the City of Savannah and the Neighborhood Association to use my and my child’s likeness/image in photographs and videos for purposes of documentation and use in newsletters, brochures, publications, webspace and other media; and understand and agree I will make no monetary or other claim against the City of Savannah or the Neighborhood Association for the use of these images.

**COVID-19:** I/We understand COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact and participating in City of Savannah and the Neighborhood Associations programs and accessing City facilities could increase the risk of contracting COVID-19. The City in no way warrants that contracting COVID-19 or other contagions will not occur through participation and use of City programs/facilities.

**Medical Conditions/Medical Release:** I/We understand the City of Savannah nor the Neighborhood Association administering this grant, does NOT administer medications. I/We understand it is my/our responsibility to make the Neighborhood Association aware of any known personal medical condition(s) of my/our child and attest to providing this information in the space provided below. I/We understand that there are some risks inherent in the activities that are included in the program, but willingly assume these risks in order to allow my/our child/ward to participate, and I/we give permission to members of the Neighborhood Association or its agent to provide CPR and First Aid and/or emergency medical care or treatment to be provided by an emergency medical technician (ambulance EMT), physician, surgeon, nurse, doctor’s assistant, or medical care facility that may be required.

**NOTE:** If your child has anaphylactic allergic reactions, we request that she/he bring an EpiPen or AnaKit.

**I agree that** I/my child will abide by all program requirements. I/my child further agree that he/she will adhere to all verbal warnings and understand that there is a progressive disciplinary policy that could result in suspension or expulsion from the program and that any criminal activity will be reported to law enforcement officials.

***WE HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS AND PROGRAM REQUIREMENTS***

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_