



**CITY OF WACO**  
 Water Utilities Department  
 P.O Box 2570  
 Waco, Texas 76702  
 254-750-1669 PH  
 254-750-1650 Fax

**CITY OF WACO - Wetlands Project**  
**PARENTAL CONSENT AND RELEASE FORM**  
 (PLEASE PRINT USING BLACK OR BLUE INK PEN)

Activity Date: \_\_\_\_\_ Activity/Location: Lake Waco Wetlands on Eichelburger Crossing Road

Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Office \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_ I, the undersigned, being the parent and/or guardian of the Minor listed above ["Minor"] hereby agree to **RELEASE AND FOREVER DISCHARGE** the City of Waco and its elected officers, employees, officials, and agents, from any and all claims, suits, liability, demands or causes of action on account of personal injury, death, or property damage, that may arise from or in connection with the Minor participating in the above described activity. In executing this release, I am expressly binding myself, my heirs, executors, administrators, and assigns by the terms of this release for any claim or cause of action of any kind that may arise as result of the Minor participating in the describe activity, whether caused by a negligent, grossly negligent, or reckless act of the City of Waco or its employees, elected officers, officials, or agents, or caused by real property (premises conditions) or the use of any tangible personal property or equipment.

\_\_\_\_ I understand this release of liability shall remain in full force and effect until such time that I, in writing, revoke it. I understand that upon revoking this release of liability, the Minor will not be allowed to participate in the activity described above. If any portion of this release of liability is held invalid, I agree the remaining release shall continue in full force and effect. I have signed this document of my own free will.

\_\_\_\_ I understand that photographs or video may be taken of the Minor while at the Wetlands or participating in an activity related to the Wetlands and I grant permission for any such photographs or video to be used in conjunction with the Lake Waco Wetlands Project and/or conservation issues related to the wetlands and water.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Legal Guardian Signature

**In case of an emergency, please notify the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 If different than listed above

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Doctor's Address or Hospital: \_\_\_\_\_