

Mayor's Youth Civic Academy

Student Participation Agreement & Liability Waiver - City of Ponca City – 2025

SECTION 1: STUDENT INFORMATION

Student Name: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

SECTION 2: PARENT/GUARDIAN CONSENT & WAIVER

I, the undersigned, am the parent or legal guardian of the student named above and give permission for their participation in the **Mayor's Youth Civic Academy**, a program coordinated by the City of Ponca City. I understand that this is an educational civic engagement program involving site visits to government offices, local businesses, and educational sessions with community leaders.

I acknowledge and agree to the following:

- **Participation is voluntary** and my child may withdraw at any time.
- **Transportation and supervision** will be provided by City of Ponca City staff or approved volunteers.
- My child will follow all **rules of conduct** established by the City.
- In the event of injury or illness during Program activities, I authorize the City of Ponca City to obtain necessary medical treatment. I accept responsibility for any medical expenses not covered by insurance.
- I hereby release and hold harmless the **City of Ponca City**, its staff, officers, volunteers, and partner organizations (including the Ponca City Chamber of Commerce, Foundation for Progress, and Ponca City Development Authority) from any claims, demands, or causes of action arising from participation in the Program.

Signature of Parent/Guardian: _____

Date: _____

SECTION 3: STUDENT PARTICIPATION AGREEMENT

As a participant in the Mayor's Youth Civic Academy, I agree to:

- Attend all sessions and participate fully.
- Respect all speakers, staff, fellow students, and facilities.
- Follow all rules and instructions given by City staff or designated program leaders.
- Represent my school, my city, and myself in a positive and professional manner.
- Refrain from the use of alcohol, drugs, vaping devices, or inappropriate behavior during all program activities.

I understand that failure to follow these guidelines may result in my dismissal from the program.

Student Signature: _____

Date: _____

SECTION 4: EMERGENCY & MEDICAL INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Allergies or Medical Conditions:

Primary Physician: _____ **Phone:** _____

Insurance Carrier (if applicable): _____

Policy Number: _____