

CITY OF MIRAMAR

AUTHORIZATION FOR CHILD TO BE PICKED UP BY SIBLING

PLEASE COMPLETE THIS FORM:

I/WE _____ THE PARENT (S) OR GUARDIAN (S) OF
_____, PROVIDE MY/OUR INFORMED CONSENT FOR
CHILD'S NAME
MY/OUR CHILD TO BE PICKED UP FROM THIS PROGRAM

BY HIS/HER SIBLING _____ WHO IS OVER THE AGE
SIBLING'S NAME
OVER OF 12 YEARS OLD.

I/WE AGREE TO FULLY, UNCONDITIONALLY AND COMPLETELY RELEASE,
INDEMNIFY AND HOLD HARMLESS THE CITY OF MIRAMAR, IT'S CITY
COMMISSION, AGENTS, SERVANTS AND EMPLOYEES AGAINST ANY AND ALL
CLAIMS AND DEMANDS OR ACTIONS WHICH MAY HEREAFTER AT ANY TIME BE
MADE OR INSTITUTED AGAINST THE CITY OF MIRAMAR, ARISING FROM THE
FACT THAT THE CHILD HAS BEEN PICKED UP BY A SIBLING WITH MY/OUR
CONSENT.

DATE: _____ PARENT OR GUARDIAN PRINT NAME: _____

DATE: _____ PARENT OR GUARDIAN SIGNATURE: _____