





**Experience**

Please account for all employment / volunteer service within the last five years, beginning with your current or most frequent employer / volunteer service.

Name of Employer or Volunteer Service: \_\_\_\_\_

Title of Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Address Street City Zip

Phone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer or Volunteer Service: \_\_\_\_\_

Title of Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Address Street City Zip

Phone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO TREATMENT OF A MINOR**

I, (we), the undersigned, parent or guardian of above minor, do hereby authorize the City of Redlands as agent for the undersigned to consent to any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of section 6910-6903 of the California Family Code. This authorization shall remain effective, unless revoked in writing and delivered to said agent.

**HOLD HARMLESS AGREEMENT**

In consideration of the undersigned being permitted to participate directly or indirectly in various programs or events sponsored and arranged by the City of Redlands, I agree to defend, indemnify and hold harmless the City of Redlands, its elected officials, officers boards, commissions, agents, and employees against any and all claims, demands, actions, suits, liabilities and judgments of every kind and nature and regardless of the merit of the same, arising out of use of Park/Recreation facilities, or arising out of my participation in City of Redlands sponsored events, programs or excursions.

I, the undersigned, have read and fully understand the above HOLD HARMLESS AGREEMENT AND CONSENT TO TREATMENT OF A MINOR.

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

Parent's signature required if under 18:

\_\_\_\_\_  
SIGNATURE: PARENT/GUARDIAN

\_\_\_\_\_  
DATE: