



**CONSENT FOR ALTERNATE GUARDIANSHIP  
PERMISSION FOR RESPONSIBLE PARTY**

*This form is to be completed by the legal guardian of members under the age of 18 who are granted permission to visit the Monticello Community Center under the guardianship of another responsible party who is at least 16 years old. It is your responsibility to notify MCC of changes to this form. It must be updated annually.*

|                  |           |
|------------------|-----------|
| Name of Child 1: | Birthdate |
| Name of Child 2: | Birthdate |
| Name of Child 3: | Birthdate |
| Name of Child 4: | Birthdate |
| Name of Child 5: | Birthdate |

*Please use reverse if additional space is needed*

As the legal guardian of the above listed minor child(ren), I understand and acknowledge that participation in any activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Monticello shall not be liable for any claims, injuries, or damages of any nature incurred by the participant which are directly or indirectly attributed to the City and their agents or employees, arising out of or in connection to the activity or programs.

On behalf of the participant(s) and myself, I expressly release and discharge the City and their agents or employees from any such claims, injuries, or damages. I also understand this waiver includes any injuries that may result from the condition of the facility used in the activity or program.

***I hereby authorize the following individual(s) to be the responsible party for the children listed above, for whom I am a parent or legal guardian. All caregivers are at least 16 years of age.***

**Designated Guardian:** \_\_\_\_\_ **Relationship to Child(ren):** \_\_\_\_\_

**Designated Guardian:** \_\_\_\_\_ **Relationship to Child(ren):** \_\_\_\_\_

**Designated Guardian:** \_\_\_\_\_ **Relationship to Child(ren):** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Relationship to Child(ren):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone number where I can be reached in case of emergency:** \_\_\_\_\_

|                             |                  |                   |                  |
|-----------------------------|------------------|-------------------|------------------|
| <b>For Office Use Only:</b> |                  |                   |                  |
| Main Member: _____          | Account #: _____ | SS Updated: _____ | Logged by: _____ |