

**CONSENT TO EMPLOYMENT OF A MINOR**

**MINORS INFORMATION:**

MINOR FULL NAME: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DRIVERS LICENSE: \_\_\_\_\_ DL STATE: \_\_\_\_  
CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_  
JOB TITLE: \_\_\_\_\_

**PARENTS/GUARDIANS INFORMATIONS:**

PARENTS/GUARDIANS FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_

**THE STATE OF TEXAS  
CITY OF CARROLLTON**

**KNOWN ALL BY THESE PRESENTS:**

That I the undersigned \_\_\_\_\_, the legal parents/guardian of \_\_\_\_\_, a minor, as an inducement to the city of Carrollton to allow the minor to work for the city of Carrollton, and for and in consideration of the City of Carrollton employing the minor as \_\_\_\_\_, having read the attached job description and recognizing that this employment may involve certain inherent dangers, including but not limited to: motor vehicle accidents, and the possibility of physical danger and injuries, do hereby consent to the employment of the minor in the positions listed, and agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public or private property, which affects the minor or us in any manner whatsoever, and do hereby release, indemnify, defend and hold harmless the city of Carrollton, its officials, officers, agents and employees, in both their public and private capacities, from any liability, claims, suits demands or causes of action belonging to the minor or to us as parents or guardians which may arise in any manner whatsoever from including liability, claims, suits, demands or causes of action which arise from the negligence or acts or omissions of the city of Carrollton, its officers, agents, employees, and officials; excluding however only those rights and benefits arising in law from the employment relation between the minor and the city.

I agree that this consent and waiver of liability, release, indemnification and hold harmless agreement is intended to be as broad and as inclusive as is permitted by the laws of the state of Texas, and that if any portion, word, term, phrase, clause or paragraph of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

It is further agreed that the execution of this release shall not constitute a waiver by the city of Carrollton, its officers, agents, officials, and employees, of the defense of governmental immunity, where applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations made by the city of Carrollton, or its officers, agents, officials, or employees in signing this release. I further certify that I understand that in making this waiver of liability I am making a decision of substantial legal significance concerning our child and ourselves.

Signature: \_\_\_\_\_  
Parent/Guardian of \_\_\_\_\_, minor

Printed Name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_A.D., by \_\_\_\_\_.



(Notary Seal)

\_\_\_\_\_  
Notary Public

**CONSENT TO MEDICAL TREATMENT  
AND/OR DRUG SCREEN OF A MINOR**

**MINORS INFORMATION:**

MINOR FULL NAME: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DRIVERS LICENSE: \_\_\_\_\_ DL STATE: \_\_\_\_  
CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_  
JOB TITLE: \_\_\_\_\_

**PARENTS/GUARDIANS INFORMATIONS:**

PARENTS/GUARDIANS FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_

**THE STATE OF TEXAS  
CITY OF CARROLLTON**

**KNOWN ALL BY THESE PRESENTS:**

That I the undersigned \_\_\_\_\_, the legal parent/guardian of \_\_\_\_\_, a minor, in the event the minor is injured or it becomes necessary that he or she receive medical treatment and/or drug screen, do hereby authorize any employee of the city of Carrollton to have consent for any and all necessary medical care and/or drug screen for the minor while employed by the city of Carrollton.

I expressly release and waive any and all claims against the city of Carrollton for any and all liability incurred as a result of the medical treatment or drug screen results received. This release and waiver expressly includes costs of emergency care, drug screen and transportation not included in the city's employment benefits package.

Signature: \_\_\_\_\_  
Parent/Guardian of \_\_\_\_\_, minor

Printed name: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ A.D. by \_\_\_\_\_.



(Notary Seal)

\_\_\_\_\_

Notary Public