

ATTACHMENT 5

**SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM (SYETP)
WAIVER AND HOLD HARMLESS AGREEMENT
AND INFORMATION SHEET
CITY OF POMPAÑO BEACH**

NAME: _____

ADDRESS: _____
(Street number) (City) (State) (Zip)

PHONE: (_____) _____ DATE OF BIRTH: _____

IDENTIFICATION: _____
(number) (form of i.d.) (name on i.d./relationship)

DATE SIGNED IN: _____ NO. OF HOURS ASSIGNED: _____

SYETP SUPERVISOR: _____

PHONE: (_____) _____ CHARGE(S): _____

The following types of work may be required. Please state whether you are able to perform this type of work with or without an accommodation as provided for under the Americans with Disability Act (ADA). If an accommodation is required, please specify:

Clerical: _____

Light Labor: _____

Heavy Work: _____

I, _____, IN CONSIDERATION OF BEING PERMITTED TO WORK IN THE POMPAÑO BEACH SUMMER YOUTH EMPLOYMENT TRAINING PROGRAM FOR _____ DEPARTMENT/DIVISION, DO HEREBY WAIVE ANY CLAIM AND FURTHER AGREE TO HOLD THE CITY OF POMPAÑO BEACH HARMLESS AND TO DEFEND IT FROM ANY AND ALL CLAIMS FOR DAMAGES OF ANY NATURE, WHETHER TO MYSELF OR TO OTHERS THAT MAY ARISE FROM OR THROUGH MY PARTICIPATION IN THIS PROGRAM.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, I CONSENT TO ITS USE IN ANY PROCEEDINGS WHEREIN THE SAME MAY BE RELEVANT OR MATERIAL.

Signature of Applicant

Witness

Signature of Parent/Guardian

Witness

DATE: _____