Perry Multi-County Juvenile Facility COMMUNITY SERVICE WAIVER OF LIABILITY

Resident Name	
Custodial Parent/Guardian Name	Home Phone ()
To the participating youth and parent:	
I, Parent/Guardian,	
and my child,	
• •	ivenile Facility, and anyone involved in the Community Service bility whatsoever for any injury or illness to my person, or my nunity Service Program.
Residents under the age of eighteen who particimachinery or use any equipment with a motor.	pate in Community Service Program are not permitted to operate
Resident Signature	Date
Parent/Guardian Signature	Date