



CITY OF ROUND ROCK MINOR'S RELEASE FOR EMPLOYMENT

I, _____, (parent / legal guardian)
of _____, who is a minor, age _____

do hereby agree to the following:

Employment Release

I authorize said minor to be employed by and treated as a regular employee of the CITY OF ROUND ROCK. I release all claims for wages / compensation earned by said minor.

I understand that the purpose of this agreement between myself and the City is to release, authorize and empower said minor to deal with the City in every matter connected with or arising out of said minor's employment, including any accidents, unusual incidents, or injuries sustained by said minor while so employed, in the same manner and to the same extent as though the minor were of lawful age.

Parent/Legal Guardian Medical and Fit For Duty Policy Release

In the event of any accident or injury sustained by my child while performing assigned job duties, I authorize the CITY OF ROUND ROCK, as the employer, to consent to emergency medical attention or dental treatment for my child (or ward).

I understand that the CITY OF ROUND ROCK will make all reasonable efforts to contact me in the event of a medical emergency. I understand that I am hereby authorizing the CITY OF ROUND ROCK to consent to such necessary treatment on my behalf.

I understand that the CITY OF ROUND ROCK will seek necessary emergency treatment for my child (or ward) only in the event that my child (or ward) is injured or experienced a serious medical condition during the course and scope of duties at the CITY OF ROUND ROCK facilities.

Consistent with the City's drug free workplace policy (Section 7:03 - Fit For Duty), and to ensure the safety of my employed child and the safety of others, I understand that my child is required to submit to random and reasonable suspicion cause testings for the presence of drugs and /or alcohol at a designated and licensed facility. Also, I understand that test results, written or otherwise, received through the City's process are kept confidential and all related documents shall remain as the property of the City.

I understand that being the parent/legal guardian, I will be entitled to be informed, with my confirmation of identity, of my child's confirmed results by the designated City's Human Resources Department staff.

I understand that my minor child will be subject to all applicable provisions, conditions, and procedures of the City's Fit for Duty Policy.

Signature of Minor/ employee

Date

Signature of Parent/Legal Guardian

Date