

SUMMER YOUTH PROGRAM RELEASE OF LIABILITY

(Fill out one for **EACH** child)

I, _____, being the mother/father/guardian of
_____, DOB: _____ AGE: _____, SEX: Male or Female
(Child's Name)

hereby knowingly grant permission for my child to participate in the **2022 SUMMER YOUTH PROGRAM** sponsored by the **FREDERICKSBURG POLICE DEPARTMENT** and I hereby release, disclaim and quit claim any and all claims of liability or responsibility for any injury received by my child or damage suffered by my child as a result of my child's participation in such program.

Further, I agree to indemnify and hold harmless the City of Fredericksburg, the Fredericksburg Police Department, City personnel and/or any volunteer workers for any such damage or personal injury that my child may suffer as a result of my child's participation in such program.

SIGNATURE

DATE

In my absence I give the sponsoring agencies of the **SUMMER YOUTH PROGRAM** permission to seek medical attention for my child at the nearest medical facility if said agencies deem medical treatment necessary.

Medical concerns (allergic reactions, diabetic, seizures, etc):

SIGNATURE

DATE

PARENT OR GUARDIAN ADDRESS AND PHONE NUMBER:

HOME _____

WORK: _____

IT IS ONLY NECESSARY TO FILL THIS FORM OUT ONE TIME DURING THE SUMMER.

**IMPORTANT: RETURN THIS FORM WHEN YOUR CHILD
ATTENDS HIS/HER FIRST EVENT.**