

# 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 **2021 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 and 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.**