

## Tomball Police Department Liability Release Form

I, the undersigned, (Parent's Name) \_\_\_\_\_ residing at (Address) \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, being a parent or legal guardian of (Participant's Name) \_\_\_\_\_, do hereby give my permission for him/her to attend the Youth Police Academy and in consideration of allowing him/her to participate in the above mentioned program.

Voluntarily and knowingly release and discharge the Youth Police Academy, City of Tomball, the Tomball Police Department's employees, agents, successors, assigns, and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Youth Police Academy.

I also acknowledge that (Participant's Name) \_\_\_\_\_ has no limiting medical conditions and is fully capable of participating in the program.

I appoint the Tomball Police Department to act in my place, in the event that (Participant's Name) \_\_\_\_\_ should require medical attention while involved in the Youth Police Academy program. This appointment is for the purpose of securing benefits for the health and welfare of (Participant's

Name) \_\_\_\_\_ and expressly includes the authority to sign releases to physicians who may render emergency medical care and services. I promise to assume liability for payment of all such professional services, and to reimburse the City of Tomball for any expense that may be incurred for treatment, care, drugs, and other services for (Participant's Name) \_\_\_\_\_.

In consideration of all above as well as the supervision provided on my behalf and on the behalf of (Participant's Name) \_\_\_\_\_. I hereby agree to hold the Tomball Police Department, City of Tomball employees, agent, successors, assigns, its agents and all other who may be liable, harmless for any decision it may make in connection with the care and treatment of (Participant's Name) \_\_\_\_\_.

I agree that if the above-mentioned participant's behavior is such that it endangers the welfare of the entire group; the Tomball Police Department has my permission to send him/her home.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City State

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary Information and signature \_\_\_\_\_