



**The La Porte Park and Recreation Department
PERMISSION AND RELEASE FORM
CHILD'S PARTICIPATION IN 2025 SUMMER PLAYGROUND PROGRAM**

WE/I, the parent(s) and/or legal guardian(s) of _____ hereby give permission for said child to participate in the following: 2025 SUMMER PLAYGROUND PROGRAM. This program will require physical activity, use of sports equipment, art tools, and any other supplies needed to participate in activities. WE/I understand that the organizers may record or photograph this event and I agree to allow the organizers to use the content for promotional purposes without compensation.

WE/I acknowledge that our/my child's participation in this program and activity is voluntary and, in consideration thereof, WE/I hereby release the City of La Porte, and their employees from any and all claims which WE/I or our/my child _____ may have as a result of any accident or injury. WE/I will not hold the City of La Porte or its employees responsible. WE/I understand and assume all risks that may occur during my child's participation in this program and the activities involved. WE/I understand that should any injury occur to my child, WE/I will be responsible for all medical treatment and other costs.

Child's Information: PLEASE PRINT ALL INFORMATION

(Child's Full Name and Age)

(Address)

(Home Phone)

(Cell Phone)

(Parent Name PRINTED)

(Parent Email)

(Parent Signature and Date)

HOW DID YOU FIND OUT ABOUT THE SUMMER PLAYGROUND PROGRAM?

☐ FLYER ☐ EMAIL ☐ FACEBOOK ☐ WEBSITE ☐ SIGN ☐ NEWSPAPER ☐ OTHER _____

EMERGENCY CONTACT INFORMATION:

(Name)

(Address/Telephone)

(E-mail)

(Signature and Date)

Please provide specific information for any medical or behavioral conditions in which staff should be aware in order to provide a safe and successful environment (allergies, activity restrictions, asthma, ADHD etc.)

NOTE: If you do not understand this waiver or have any questions, please contact the La Porte Park and Recreation Department at 219-326-9600 prior to signing.