



**The La Porte Park and Recreation Department  
PERMISSION AND RELEASE FORM  
CHILD'S PARTICIPATION IN 2024 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: 2024 SUMMER PLAYGROUND PROGRAM. This program will require physical activity, use of sports equipment, art tools, and any other supplies needed to participate in activities. 1. 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.