

LAGRANGE SAFETY TOWN WAIVER FORM

Childs Name: _____

PART I: PERMISSIONS

The parent/guardian signing this form accepts all responsibility for transportation of his/her child to and from Safety Town sessions and acknowledges that the LaGrange Police Department and its agents are not responsible for a child not picked up at the end of class. I further state that my child is in good physical condition and his/her health will not be hindered by the physical activities in this program. I understand my child may be transported, on or off property, by bus, ambulance, police car, fire truck, etc., as part of his/her participation in the Village of LaGrange Safety Town program. I authorize the Village of LaGrange, Lagrange Police Department, and/or its agents, to provide transportation to the nearest hospital for my minor child, in the event of a medical emergency while participating in Safety Town.

I understand that pictures/videos will be taken during the Safety Town program and grant permission to the Village of LaGrange, LaGrange Police Department, and its agents, to take and use photographs/videos for promotional purposes.

As the parent/guardian, I hereby agree to allow participation in the aforementioned activity and further agree to indemnify and hold harmless the Village of LaGrange/Lagrange Police Department and its agents and employees from all harm, accidents personal injury or property damage suffered by the aforementioned individual arising out of, or in any way connected with participation in this activity.

Parent/Guardian Signature: _____ Date: _____

PART II: REFUSAL TO GRANT PERMISSIONS

I DO NOT GIVE the Village of LaGrange, LaGrange Police Department, and/or its agents permission to use video/pictures of my child for any reason.

I DO NOT GIVE the Village of LaGrange, LaGrange Police Department, and/or its agents permission to transport my child for any reason, including emergency medical or dental care. In the event of an emergency which requires medical or dental treatment, I wish the Village of LaGrange, LaGrange Police Department, and or its agents to take the following actions:

Parent/Guardian Signature _____ Date: _____