

PARENT'S RELEASE

Medical Release/Waiver

At all times while my child is participating in or attending a City of Gonzales Parks and Recreation Summer Youth Program, I (parent/guardian) _____ do authorize emergency medical treatment for my child, including authorization to the City of Gonzales, EMS and any other medical provider (1) to provide or arrange for emergency medical treatment to my child; and/or (2) to transport my child, via EMS vehicle or otherwise, to a hospital or other medical facility. I understand that every reasonable effort will be made to contact me or other family member of the child as soon as possible in case of an accident, injury or other medical emergency. In consideration for participation in the Program, I, on behalf of my child, myself and any other parent or guardian of my child, assume all risks and hazards to my child incidental to participation in the Program, and waive and release all rights and claims for damages my child, I or any other parent or guardian of my child may have against City of Gonzales, and their employees, officers and volunteers. I, on behalf of myself and any other parent or guardian of my child, agree to indemnify and hold harmless the City of Gonzales, the employees, officers and volunteers from any and all claims and damages, including punitive damages, related to any injury, illness or other medical condition my child may receive or incur while participating in the Program or to medical treatment of my child authorized above.

Furthermore, I have read and understand the information provided in the parent's handbook and will retain it for my record.

I hereby give permission for my child to attend the Summer Youth Program as part of the City of Gonzales Parks & Recreation 2026 The Moochie Summer Youth Program.

Signature: _____

Printed Name: _____

Child's Name: _____

Date: _____

Photographic Release & Special Video Permission:

*I hereby do _____, do not, _____ consent and authorize
City of Gonzales Parks & Recreation Department to reproduce photographs
or videos of my child for advertising and publicity purposes.*

Signature: _____

Printed Name: _____

Child's Name: _____

Date: _____