

Kleberg Count Parks Department Release Form
Brookshire Pool #2

Name _____ Date Of Birth _____

Address _____ City _____ Phone # _____

Parents Name _____ Address _____

Home Phone _____ Work Phone _____

Who to contact in case of an emergency _____

Emergency Phone # _____

Medical Conditions _____

Does the child/children know how to swim? _____ Yes _____ No

I, _____ being the parent/legal guardian of the above named minor child do hereby release and forever hold harmless Kleberg County, Kleberg County Parks and Recreation Department and all parties associated with the activity which my child is attending from any loss, damage or injury which may occur at any Kleberg County Park sponsored swimming or recreational program.

In my absence, I do hereby assign _____ as temporary attendant to my minor child/children. I understand that this person must be 16 years of age and my not be responsible for more than two (2) children.

A copy of rules for all facilities and recreation programs are available at the park office.

**Kleberg County Park Staff shall remain on premises on (1) hour after closing of facility or event or until such time as all children have been picked up by parents – whichever is the shortest time. After one (1) hour if a child has not been picked up the matter will be turned over to the proper law enforcement agency for possible filing of “neglect” charges. Repeat instances of this will result in restriction from facility or programming.