

City of Lampasas Aquatics

Parent Authorization Form

I, _____ recognize that my child _____ is 14-17 years old and if left unattended at Hanna Springs Pool or Hancock Pool will follow all rules. My child attends _____ school. If my child fails to comply with these rules, the management will contact parent and has the right to remove the child from the pool and refuse reentry for the rest of the summer.

I, undersigned, hereby release, discharge, and agree to hold harmless the City of Lampasas, all sponsors and co-sponsors, their agents, employees, officers, and successors from all liability, claims or actions which I, my heirs, executors, administrators, or assigns may have or claim to have against any of them arising from any personal injuries or other claims connected there with, whether known or unknown, injuries to other persons or to property caused by or arising out of any actions I or my child might take relating to any pool activities or events.

_____ PH# _____

Parent signature

Child signature

Date