



Webb County Constable Pct. 1

1110 Victoria Street, Suite 102
Laredo, Texas 78040-4420

Office: (956) 523-4316
Fax: (956) 523-5071

LIABILITY RELEASE WAIVER

RED RIBBON WEEK PARTICIPATION

I _____, understand that neither the Webb County Constable Pct. 1, Constable Guadalupe Gomez, his deputies, nor the County of Webb are responsible for any injuries or harm to my person and /or my property while doing my internship training or volunteering in any special event from Constable Pct. 1

I understand as a Parent/ Guardian that my son/ daughter will be traveling in a Webb County unit, and that neither Webb County nor the Webb County Constable's Pct.1 Office is responsible for any injuries or incidents.

While Participating on special event I understand that my son/daughter is on a volunteer basis and neither Webb County Constable Pct. 1, Constable Guadalupe Gomes, his Deputies, nor the County of Webb are responsible for any injuries or harm to my person and/or property.

I have read this waiver and understand its contents.

NOTE: Applicants under eighteen (18) years of age **must** have this form read and signed by their parent or guardian prior to any participation in this program.

PERMISSION OF PARENT OR GUARDIAN

I, the undersigned, being the parent or guardian of _____ herby join with him/her in requesting permission for him/her to ride in a Constable vehicle as aforesaid and do join with him/her in granting a release and discharge to Constable Guadalupe Gomez, the County of Webb, the individual deputies and employees of Webb County Constable Pct. 1, as set out in detail above.



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Signature of Parent or Guardian:

Date:

In case of emergency notify

Phone