



# Summer 2025 Junior Police Academy

## Assumption of Risk, Agreement to Abide by Code of Conduct, Release of Liability, and Limited Medical Authorization

This form must be completed and signed by a parent or legal guardian for participants under the age of 18. Participants and parents/guardians are asked to read this document carefully, as it affects legal rights.

### 1. ASSUMPTION OF RISK

I, the undersigned parent/guardian of the participant named below, acknowledge and understand that participation in the Summer Junior Police Camp (the "Camp") involves physical activity and exposure to simulated law enforcement training scenarios, including but not limited to: physical training, supervised defensive tactics, team-building exercises, and obstacle courses, exposure to law enforcement tools and equipment, and instructional demonstrations.

I understand that these activities carry inherent risks of injury, both minor and serious, including, but not limited to bruises, sprains, fractures, heat-related illnesses, allergic reactions, and in rare cases, more serious injuries.

**I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of participation in the Camp, whether caused by negligence or otherwise.**

### 2. AGREEMENT TO ABIDE BY THE CODE OF CONDUCT

As a condition of participation in the Camp:

- I understand that all participants must follow the rules and instructions provided by Camp staff, including law enforcement personnel.
- I understand that respectful behavior is expected at all times toward fellow campers, staff, and facilities.
- I acknowledge that inappropriate conduct, including but not limited to fighting, bullying, disrespectful behavior, possession of prohibited items, or refusal to follow lawful instructions, may result in immediate removal from the Camp without refund or further participation.

**I agree that my child will abide by the Camp's Code of Conduct, and I understand that failure to do so may result in disciplinary action, up to and including dismissal from the program.**

### 3. RELEASE OF LIABILITY

In consideration for allowing my child to participate in the Camp, I hereby release, waive, discharge, and covenant not to sue the sponsoring law enforcement agencies, their officers, agents, employees, volunteers, and all affiliated cities or counties (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action related to any loss, damage, or injury that may be sustained by my child or any property belonging to me or my child while participating in or traveling to/from the Camp.

**This release includes liability that may arise from the negligence of the Released Parties.**

### 4. LIMITED MEDICAL AUTHORIZATION

In the event of a medical emergency, I hereby authorize the Camp staff and their designees to take reasonable steps to secure medical treatment for my child, including transportation to a medical facility, administration of emergency first aid, and any treatment deemed necessary by a licensed healthcare provider.



I understand that every effort will be made to contact me or the emergency contact listed below before such action. I agree to be responsible for any costs incurred for medical treatment or transportation.

## 5. PHOTO & MEDIA RELEASE (Optional)

☐ I authorize the Camp to use photographs, videos, and/or recordings of my child for lawful purposes, including public relations, promotional materials, and social media, without compensation.

☐ I do **not** authorize the use of my child's image or likeness.

## Participant Information

- **Participant's Full Name:** \_\_\_\_\_
- **Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Age at time of Camp:** \_\_\_\_\_
- **Medical Conditions/Allergies:** \_\_\_\_\_
- **Medications:** \_\_\_\_\_

## Parent/Guardian Information

- **Name of Parent/Guardian:** \_\_\_\_\_
- **Relationship to Participant:** \_\_\_\_\_
- **Phone Number (Primary):** \_\_\_\_\_
- **Alternate Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

## Emergency Contact (Other than Parent/Guardian)

- **Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

## Acknowledgement & Signature

I have carefully read and fully understand this agreement. I understand that by signing this document, I am giving up certain legal rights on behalf of my child and myself. I certify that my child is in good health and able to safely participate in the activities of the Junior Police Camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participant Signature (if age 12 or older):** \_\_\_\_\_

**Date:** \_\_\_\_\_