Oak Ridge Police Department
Junior Police Academy
LIABILITY RELEASE/ASSUMPTION OF RISK/WAIVER/PERMISSION FORM
(PLEASE READ THIS DOCUMENT CAREFULLY)

My/our child, _____, has my/our permission to participate in the Oak Ridge Police Department's Junior Police Academy and to be transported to and from scheduled activity locations by City of Oak Ridge personnel in non-emergency vehicles, provided such person has a valid Tennessee driver's license.

I/We agree to his/her participation in the activity named above and I/we hereby waive any and all claims against and release, hold harmless, and discharge the City of Oak Ridge and the Oak Ridge Schools and any and all of their agents, employees and servants, from any and all liability of every kind, character and description whether caused by negligence, breach of contract, strict liability, or otherwise, from and by reason of any injury suffered by my/our child that may arise while participating in the academy.

I/we understand that the academy involves some moderate physical activity. In the event of an emergency, the City of Oak Ridge and/or its employees have my/our authorization to obtain emergency medical treatment for my/our child at my/our expense.

I/we understand my/our responsibility for my/our child's actions at all times participating in the academy and agree that my/our child will at all times while participating in the academy, including transportation to and from, obey the rules and guidelines set forth by the academy and any additional directives made by any employee of the City or Oak Ridge Schools.

By signing this document, you hereby agree to the release of any and all claims against the City of Oak Ridge, the Oak Ridge Schools, and their agents, employees and servants as outlined above.

_____   _____
Signature of Parent/Guardian   Date

_____
Printed Name

_____   _____
Signature of Parent/Guardian   Date

_____
Printed Name

(Emergency Contact and Medical Information on Back – Must be completed)

Emergency Contact and Medical Information

Personal Information

Home Address: _____

_____

Emergency Contact Information

During this activity, I/we (or my/our authorized representative) can be contacted at the following telephone numbers. If at any time there is a disciplinary problem with my/our child, I/we may be contacted at the following telephone numbers and will pick him/her up if requested.

Telephone Numbers (_____) _____ (home)

(_____) _____ (work)

(_____) _____ (cell)

Emergency Contact: _____

Emergency Phone: (_____) _____

Medical Information

Physician: _____

Medical Insurance Information: _____

Policy Number: _____

Please list any information about medical problems City of Oak Ridge staff should be aware of (allergies, prescriptions to be taken, diabetes, etc.):

_____

_____

_____

_____

_____

_____

_____