

# 2018 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. I/We understand that **cadets will be exposed to actual police techniques and equipment and will be transported to and from activity locations by City of Oak Ridge personnel in city owned 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

### 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 that City of Oak Ridge staff should be aware of (allergies, prescriptions to be taken, diabetes, etc.):**

*We will attempt to accommodate everyone.*

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