



BARNSTABLE COUNTY SHERIFF'S OFFICE YOUTH ACADEMY RELEASE

Please fill out completely, sign and initial where indicated. For questions, contact: youthprograms@bsheriff.net

Child's Name: _____ Date of Birth: _____

I, _____, the parent/legal guardian of the aforesaid Child, give permission for my child to participate in the Barnstable County Sheriff's Office Youth Academy. In consideration for this permission, I understand and agree to waive certain valuable rights in exchange for my child's participation in the Barnstable County Sheriff's Office Youth Academy and any related activities associated therewith. I hereby acknowledge and agree to release and hold harmless the Commonwealth of Massachusetts, the Barnstable County Sheriff's Office, its employees, agents, successors, assigns, and any and all individuals, organizations and volunteers assisting the Barnstable County Sheriff's Office, from any and all claims, actions, rights of action and causes of action, damages, costs, expenses, and compensation from liability for physical injury or damages to property which may occur while participating in any activity association with the BCSO Youth Academy. I recognize that participation in various physical activities of the Barnstable County Sheriff's Office Youth Academy involves subjecting oneself and others to risk of injury, and I hereby agree that my child will obey the safety standards of the program and the instructions of the Youth Academy Program staff.

Medical Release/Disclosure:

By executing this Release, I understand that participating in the programs and exercises practiced during the BCSO Youth Academy is voluntary. I assume the risk of any and all injuries which may occur as the result of my child's participation in the BCSO Youth Academy despite any physical and/or emotional conditions which may be identified in this Application. Please identify any physical or emotional conditions which might limit or affect participation by your child in the BCSO Youth Academy, or make your child susceptible to injury during the program: _____

Authorization for Treatment:

By executing this Release, I hereby authorize the Barnstable County Sheriff's Office staff that are trained in the basics of first aid and CPR to provide first aid and/or CPR to my child when appropriate. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child, however, if I cannot be reached, I hereby authorize transport of my child to the nearest medical facility or hospital to secure necessary medical treatment. I understand and agree that photocopies of this form may be utilized as if an original for purposes of trips outside of the BCSO Youth Academy facilities and for the need to authorize medical treatment for my child.

Photo/Media Release:

The undersigned grants the Barnstable County Sheriff's Office, its officers, employees, agents, successors and/or assigns, the right to use, reproduce, assign and/or distribute appropriate photographs, films, videotapes and sound recordings relative to the Youth Academy program involving my child, for use in materials that may be compiled and distributed in various forms including social media.

Release of All Claims:

By executing this Release, I further affirm that in consideration of my child's participation in the BCSO Youth Academy, my child, his/her heirs, executors, administrators, personal representatives, parents, and/or legal guardians, agree to indemnify, hold harmless, release and forever discharge the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office, its employees, agents, successors and assigns, and any and all individuals, organizations and volunteers assisting the Barnstable County Sheriff's Office from any and all manner of actions, suits, claims, demands, judgements, damages and liability in law and in equity, which may arise or result from my child's participation in the above mentioned BCSO Youth Academy or any activity involved therewith, including costs and reasonable attorney's fees.

The parent/legal guardian listed below hereby acknowledges that the Commonwealth of Massachusetts and the Barnstable County Sheriff's Office have relied upon the good faith execution and delivery of this form and, further, agrees to assume the risk for any and all injuries which may be sustained by the child while participating in the above referenced program.

I hereby certify that I have read, understand and agree to the conditions set forth in this Release.

Applicant Name	Printed Name	Date
Parent/Legal Guardian	Signature	Please indicate: <input type="checkbox"/> Parent or <input type="checkbox"/> Legal Guardian
Parent/Legal Guardian	Printed Name	