



Edison Police Department Junior Police Academy

Liability Waiver and Signup Form

Phone: 732-248-6442
E-Mail: rdudash@edisonpd.org

The Edison Police Department will be providing a t-shirt, baseball cap, water bottle and other giveaways to all students who attend the academy. The cost for the week is **\$100.00 (Non-Refundable)**, payable to the **Edison Municipal Alliance, 100 Municipal Blvd, Edison, NJ 08817**. This training is available to Edison Township School Children in the 6th, 7th and 8th grades. Due to class size limitations, the Junior Police Academy will be on a first come, first served basis. Hours: 9:00 am—2:00 pm. Deadline for signup is Friday, July 21, 2017.

CHILD'S INFORMATION

Name _____ Age _____ Grade (Sept 2017) _____ O - Boy O - Girl

Allergies/Chronic Illness or other Medical Conditions the staff should be aware of: _____

Shirt Size (QTY): _____ S _____ M _____ L _____ XL (Men's Sizes Only)

One shirt is included in the signup fee, additional shirts may be purchased for \$7.50 each, due with the signup fee.

Location: - Woodrow Wilson Middle School. Jul. 31-Aug. 4 No Advanced Class for Summer 2017
(Check One) - Woodrow Wilson Middle School. Aug. 7-11

The last day of each training period will be at the Edison Municipal Complex for Graduation.

I _____ hereby give my permission for myself/my child to participate in the Edison Police Department Junior Police Academy, and assume the risk thereof.

I do agree for myself/my child at all times to keep The Edison Police Department, The Edison Board of Education, the Edison Municipal Alliance, volunteer or paid personnel and the Township of Edison free, harmless and indemnified from any and all liability for injury I/my child might sustain as the result of said participation and will not hold The Edison Police Department, The Edison Board of Education, volunteer or paid personnel or the Township of Edison responsible for any losses that may occur.

I remise, release, acquit, satisfy, and forever discharge the Township of Edison, the Edison Police Department, the Edison Municipal Alliance, the Edison Board of Education and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant, hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my or my child's participation in this activity.

Photographs, video and audio recordings of the participant, while participating in an Edison Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text to be used by the Edison Police Department, The Edison Board of Education, The Edison Municipal Alliance or the Township of Edison.

EMERGENCY MEDICAL TREATMENT

As a parent/guardian of _____, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

PARENT/GUARDIAN INFORMATION

Name _____ Emergency Phone#: _____
Address _____
City _____ State _____ Zip _____
Home Phone # _____ Work # _____

OTHER EMERGENCY CONTACT INFORMATION

E-Mail Address: _____
Other Contact: _____ Phone# _____
Family Physician _____ Phone# _____

Signature: _____

(Parent/Guardian Signature)

Date