



Summer Vacation with Decatur PD



CHILDS INFORMATION:

Name: _____ Date of Birth: _____
(Last, First, Middle) (MM/DD/YYYY)

Sex: _____ Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Name of Parent/Guardian: _____

Contact Phone: () - _____ Email: _____

Home Address _____
(Street, City, State Zip Code)

EMERGENCY CONTACTS:

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| | | |
| | | |

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| | | |
| | | |

List any health issues, allergies to food, or required medications:

Consent to Medical Treatment: In the event of serious illness/injury to me or my son/daughter while involved in the Decatur Police Department Summer Vacation Day, I/we hereby **CONSENT** to whatever emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered reasonable and necessary in the best judgment of the emergency medical personnel under supervision of a member of the medical staff of the hospital furnishing the medical treatment services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us or an alternate member of the family will be attempted.

Printed Name Signature Date



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Release of Liability

I _____, hereby give notice that my child is in good health and I know of no personal physical/mental limitations that would prevent their full participation in the Summer Vacation with Decatur PD event (unless noted on application). I understand and agree that my child will be covered by my own personal healthcare insurance plan in the event of a serious illness, sickness, personal injury, major trauma, hospitalization or for emergency lifesaving treatment services. I further release and hold harmless, indemnify and forever discharge the City of Decatur, Texas, their officers, officials, employees, agents or representatives for any and all injuries and or damages including personal injury, death, property damages or liabilities. I, (We) further release and forever discharge the City of Decatur, Decatur Police Department, and the Decatur Fire Department, their Officers, agents, employees or volunteers, whether real are asserted, of every nature, kind and character whatsoever arising out of said Police Department program and do hereby covenant not to sue.

I also grant permission to the Decatur Police Department to use my child's name and/or photographs, videos, pictures, or sound recordings for use in publications such as print or electronic media such as Facebook. I hereby waive any right to inspect or approve the photographs or printed or electronic matter of their usage now or in the future. I further waive the right for compensation arising from or related to the use of such photographs or forms of media. I also give permission for myself or for my child to voluntarily be photographed, videotaped, televised broadcast and sound recorded without compensation or benefit. I agree to release and hold harmless the City of Decatur and the Decatur Police Department for publishing or distributing the use of photos, media or use thereof. I, the undersigned, have read and understand the above stated waiver of liability and media release agreement.

Childs Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date