

RELEASE OF LIABILITY, MEDICAL RELEASE, AND MEDIA RELEASE FORM

(PLEASE FILL OUT COMPLETELY. INITIAL AND SIGN WHERE INDICATED) *form revision: 9/09/04*

Applicant Name: _____ **Date of Birth:** _____

Those persons signing this form agree to and understand that this form includes the good faith waving of certain valuable rights in exchange for participation in any Barnstable County Sheriff's Office Youth Program or related activity. By signing this form they acknowledge that they are releasing the Sheriff's Office and other parties of liability for themselves and, if applicable, for the above named individual who is either their natural minor child or minor child in their legal guardianship. I recognize that participation in various physical activities involves subjecting oneself and others to risk of injury, and agree to obey the safety standards of the program and the instructions of the Youth Program staff, as well as hold all parties free from liability.

Medical Release/disclosure: _____ (initial)

I/we understand that the programs and exercises in this program are voluntary. I/we assume the risk of any and all injuries, which may occur as the result of participating in this program despite any physical and/or emotional conditions identified in this application. Please identify any physical or emotional conditions which might limit or affect participation, or make the applicant susceptible to injury: _____

Authorization for Emergency Treatment: _____ (initial)

I hereby give permission for the minor named above to receive emergency medical treatment, including hospitalization, in the event I/we cannot be reached in an emergency. The completed form may be photocopied for trips outside of the Sheriff Office's Youth Programs' facilities.

Photo/Media Release: _____ (initial)

The undersigned grant the Barnstable County Sheriff's Office, the Barnstable County Deputy Sheriff's Association, their officers, employees, agents, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings involving the applicant/participant, for use in materials that the agencies, described herein, may compile and distribute.

Release of All Claims: _____ (initial) (LIABILITY RELEASE)

I/we have read this form and are aware of and understand that in consideration of (in exchange for) the right of the applicant/participant to participate in the program(s) noted, the applicant (including: themselves, parents, guardians, estate, agents, successors and assigns) agree to indemnify and hold harmless, release and forever discharge, the Barnstable County Sheriff's Office, the Barnstable County Deputy Sheriff's Association, Barnstable County, the Town of Barnstable and all their officers, employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from my participation in the above mentioned program or activity including costs and reasonable attorney fees. The terms herein shall serve as a release not only for the Youth Program participant but also apply to their heirs, executors, administrators, personal representatives, parents, guardians and for all members of their family. (For a parent or guardian signing for a minor, they agree to these terms for the minor, for themselves individually and as a parent or guardian.) The parties signing this form acknowledge that the Barnstable County Sheriff's Office and the other agencies mentioned have relied upon the good faith execution and delivery of this form. The parties signing this form assume the risk of any and all injuries, which may occur while participating in the above referenced program(s).

I/we have read and understand this form, have had an opportunity to ask questions, and freely agree to the terms as expressed in return for participation in the above referenced program(s).

If you have any questions call the Youth and Prevention Programs office at (508) 375-6128.

(applicant's signature) _____ Date
(printed name)

(if under 18 the signature of a parent or guardian is also required) _____ Date
(parent or guardian's signature)
(printed parent or guardian's name)

Relationship to applicant/participant: _____