



NORTHWEST REGIONAL SHERIFF'S CAMP

Applicant's Information:

Applicants must be 9 years to 14 years old at the start of camp.

Name _____ County _____
Last First Middle

Address _____ Age _____ Sex _____ DOB _____

City _____ Zip _____ Phone _____

I will be (check one) at the start of camp:

_____ 9 to 10 years old _____ 11 to 12 years old _____ 13 to 14 years old

Shirt Size: Child/Youth: S M L XL Adult: S M L XL

Applicant's Signature _____

Have you attended our camp in the past? Yes/No

Parent or Guardian Information:

Name _____ Relationship _____
Last First Middle

Address _____ Email _____

City _____ Zip _____ Phone _____

Alt Phone _____ Work _____

Alternate Emergency Contact Information:

Name _____ Relationship _____

Primary Phone _____ Alt Phone _____

****SWIMSUITS & TOWELS REQUESTED ON LAST DAY OF CAMP FOR FIRE DEPT EXPIERIENCE****

Send completed application and \$40 check payable to Porter County Government to Porter County Sheriff's Office,
Attn: Laura Meyer, 2755 SR 49, Valparaiso, IN 46383

RELEASE OF WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

This application is to be completed and signed by a custodial parent or legal guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court.

I understand that the Northwest Regional Sheriffs' Camp will be staffed by volunteers comprised of Indiana sheriffs, sheriffs' deputies, sheriffs' department personnel, and other volunteers ("Camp Staff"). I have fully read this application including this Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement (the "Agreement"). I promise and agree on behalf of myself, my spouse, partner, or any other person with standing to sue on behalf of the above applicant, that no claim will be made or suit brought arising out of or related in any way to the Northwest Regional Sheriffs' Camp, or the above applicant's participation in it. I acknowledge that I know and appreciate the risks and dangers involved in the Camp and have explained them to the applicant. I, and the above applicant, agree that we are assuming all risks of injury, both known and unknown, now and in the future, which may include, but is not limited to, serious and permanent bodily injury or death as well as any other damage incident to the applicant's participation in the Camp. Further, I do here by release and forever discharge the Camp Staff, any participating Indiana Sheriffs' Offices, and all volunteers together with their representatives, agents, officers, employees, officials, and volunteers (collectively "the Releasees") from any and all claims, demands, actions and causes of actions of any sort for any injuries sustained by the applicant and from any damages to the applicant and/or the applicant's property, including claims of negligence ("Released Claims"). I understand the camp activities include, but are not limited to, law enforcement displays, career-oriented classes, obstacle courses, swimming, tug-of-war, marching and other recreational and sporting activities. I promise and agree to indemnify and hold harmless Releasees from any judgment, costs and expenses, including medical expenses and attorneys' fees (including the cost of responding to and defending against any Released Claims), related to any Released Claims. Released Claims includes any and all personal injury or property damage caused by negligence.

Transportation Authorization: I hereby give permission for Camp Staff to transport the above applicant to and from camp activities. I understand and agree that Released Claims includes claims related to transportation of the applicant to and from camp activities.

Medical and Emergency Authorization: I hereby certify and affirm that the above applicant is in good physical health. I understand that if injury or illness occurs to the applicant, medical and/or hospital care will be given. I hereby consent and give permission to the Camp Staff to provide non-emergency medical treatment. I understand that in case of serious injury or illness, an attempt will be made to notify the parent or legal guardian from the information furnished on this form. If the parent or legal guardian cannot be reached, I hereby consent and give my

permission for treatment or surgery to be administered as recommended by the attending physician(s). I will be fully responsible for any costs of any medical treatment. I understand and agree that the Released Claims includes claims related to medical and emergency care.

Promotion Agreement and Photo Release: I am aware that photographs or video may be taken of Camp participants during various events and activities. These pictures may be taken by the Camp Staff, professional photographers, news media, other campers or their parents, friends or relatives, volunteers, or other people involved in or observing the Camp. I hereby waive the right to see or approve any publications that contain photographs of me and/or the applicant. I release the Releasees as identified above from any and all responsibility for any hard or invasion of privacy that may occur, or be produced by taking photographs or video of me and/or the applicant. I further give the Camp Staff, and their representatives permission to use photographs or video that include me and/or the above applicant in any and all media products for promotion, art, advertising, editorial or other purposes. This may include, but is not limited to, social media, Facebook, Twitter, newsletters, both print and electronic, posters, brochures, ads, postcards, and webpages.

Parent or Guardian Permission: I hereby certify and affirm that I am legally authorized to release the Released Claims, which includes claims for negligence, and to sign and be bound by this Agreement to allow applicant to participate in the Northwest Regional Sheriffs' Camp. I have read and understand all of the information in this application and Agreement. I have confirmed the accuracy of emergency contact information provided in this application. I acknowledge that participating sheriff departments are nonprofit organizations and participation in the Camp is completely voluntary. In consideration of the benefits to be derived by the applicant, by signing below I hereby agree to the terms of this Agreement to give my consent and permission for the above applicant to participate in the Camp.

I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

Applicant's Printed Name: _____

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Contact Phone No.

(Alternate Phone No.)

Parent/Legal Guardian Signature: _____



Porter County Sheriff's Office

David M. Reynolds
Sheriff

Timothy Manteuffel
Chief Deputy

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. The Porter County Sheriff's Office (PCSO) has put into place preventative measures to reduce the spread of COVID-19; however, the PCSO cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Sheriff's Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Sheriff's Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Sheriff's Camp or participation in Sheriff's Camp programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless the PCSO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the PCSO, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after participation in any Sheriff's Camp program.

My signature also indicates that we completed the health screening for 14 days prior to the start of each camp attended and to the best of our ability. We have and will continue to adhere to the state, CDC, and camp guidelines and policies and understand that this and arriving to camp healthy is vital to a healthy camp and in the fight of COVID-19.

I acknowledge that if I have a high-risk camper(s) it is my obligation to consult their medical provider to assess their risk and determine if attendance is acceptable and to share this information with camp administration.

I understand that I should have an alternative child care plan in place for my camper(s) in the event they become ill or have contact with someone who is ill, or the camp is temporarily dismissed. I further understand that in the event my child exhibits symptoms during participation in the Sheriff's Camp program, they will be isolated and I will be contacted for immediate pickup.

Parent/Guardian Signature _____ Date: _____