



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 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 EXPERIENCE****

Send completed application, waivers and \$40 check payable to "Porter County Government" to
Laura Meyer, 2755 SR 49, Valparaiso, IN 46383

RELEASE AND 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 Indiana 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 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 hereby release and forever discharge the Camp Staff, all 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 that camp activities include, but are not limited to, law enforcement displays, career-oriented classes, obstacle courses, tug of war, swimming, 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 attorney's fees (including the cost of responding to and defending against any Released Claims), related to any Released Claims. Released Claims include 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 include claims for 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 Released Claims includes claims related to medical and emergency care.

Promotion Agreement and Photo Release: I am aware that photographs or videos 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 harm 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, Instagram, 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 include claims for negligence, and to sign and be bound by this Agreement to allow the applicant to participate in the Northwest Indiana Regional Sheriffs' Camp. I have read and understand all of the information in this application and Agreement. I have confirmed the accuracy of the emergency contact information provided in this application. I acknowledge that the 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 and 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 Phone No.

Alternate Phone No.

Parent/Legal Guardian Signature: _____