

KIDS ACADEMY

Release of Liability

I, _____, being the parent or legal guardian of the child named below, do hereby consent to the participation of my child in the following academy conducted by the Heber City Police Department. I agree to indemnify, hold harmless and waive any claim against Heber City Corporation, Heber City Police Department, Wasatch County Citizen Corps Council, and each or any of their officers, governing bodies, agents, employees, personnel and volunteers, from any and all claims, actions or suits for any injury, loss or damages that my child or I may suffer, or which may arise as a result of participation in the above mentioned volunteer services.

Parent(s) or Legal Guardian(s): _____ Date: _____

Name of Child: _____ Age: _____

Emergency Contact Person: _____ Phone: _____

Please list any medical issues or food allergies: _____

Permission to use photographs

I, _____ agree to allow Heber City, Heber City Police Department, Wasatch County Citizen Corps Council, and each of their officers, governing bodies, agents, employees, personnel and volunteers, permission to use any and all photographs of my child obtained during the Kids Academy for media purposes, advertisement and public information, now and in the future.

Parent(s) or Legal Guardian(s): _____

Name of Child: _____