

DOUGLAS COUNTY SHERIFF'S OFFICE

4000 Justice Way

Castle Rock, CO 80109

LAW ENFORCEMENT YOUTH ACADEMY

RELEASE OF LIABILITY WAIVER

I, _____, being a parent or legal guardian of _____, a child, for myself, my heirs and my personal representatives, hereby agree to defend, indemnify, and save harmless Douglas County, its officers, agents, and employees, from any action brought by or on behalf of the above-named child arising out of the Sheriff's Office Youth Academy Program. The consideration for my agreements herein is the County allowing said child to engage in this activity.

Dated this _____ day of _____, 20_____

Signature

If participant is 18 years of age or older, the following section must be completed.

I, _____, for myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death and property damage or loss from whatever causing arising, while I am on County premises and/or while I am engaged in Douglas County Youth Academy and release Douglas County, its officers, agents, and employees from any liability therefore, directly or indirectly, and will defend, indemnify, and save harmless the County, its officers and agents and employees from any such liability, whether or not arising out of neglect or willful actions or the failure to act on the part of the County, its officers, agents and employees. The consideration for my agreement herein is my being allowed to engage in the activity identified above. (Further, I certify I am over 18 years of age.)

Dated this _____ day of _____, 20_____

Signature

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Castle Rock, CO 80109

LAW ENFORCEMENT YOUTH ACADEMY

AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant _____

Date of Birth _____

Date _____

This release, or photocopy of same, when presented by an authorized representative of the Douglas County Sheriff's Office, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding:

School records, local police reports, driving records, and employment information. This shall be done with full knowledge and understanding that the Douglas County Sheriff's Office may use, consider or disclose such information, statements, records, with the scope of their official duties and responsibilities.

The authorization is given in connection with a full background investigation being conducted relative to my application as a Law Enforcement Youth Academy participant with the Douglas County Sheriff's Office.

Signature

Address

City State Zip

DOUGLAS COUNTY SHERIFF'S OFFICE
4000 Justice Way
Castle Rock, CO 80109

LAW ENFORCEMENT YOUTH ACADEMY
PHOTO PERMISSION RELEASE WAIVER

I hereby grant the Douglas County Sheriff's Office (DCSO) permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the DCSO and will not be returned.

I hereby irrevocably authorize the DCSO to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the DCSO's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the DCSO from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Student Name _____

I hereby certify that I am the parent or guardian of (student name) named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) _____ (Date) _____

(Parent/Guardian's Printed Name) _____