



**MSPD CAMP COPS
2019**

Application Form

**To be completed by
Parent/Guardian (please print)**

Applicants Name: _____

Last Name

First Name

MI

Address: _____

Sex: _____ **Date of Birth:** _____ **Age:** _____

Male/Female

M/D/YR

T-Shirt Size: _____ **School:** _____

Adult Size: SM/MD/LG/XLG

Parent/Guardian: _____

Last Name

First Name

MI

Relation to child: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

E-Mail: _____

Signature of Parent/Guardian:

Date:

Emergency Contact:

Name: _____

Phone Number: (_____) _____

Address: _____

Relation to Child: _____

Will anyone other than the parent or guardian listed above be pickup up the child at any time during the MSPD CAMP COPS? If so, Who?

Name of family Physician: _____

Phone: (_____) _____

Personal Health Insurance Carrier: _____

Contract #: _____ **Group#:** _____

ID#: _____

Circle appropriate answer on camper's behalf and explain "Yes" answers.

Have you ever been hospitalized?	YES	NO	
Have you ever passed out during or after exercise?	YES	NO	NO
Do you have high blood pressure?	YES	NO	
Do you have heart disease?	YES	NO	
Do you have any allergies or skin problems?	YES	NO	
Do you have any food allergies?	YES	NO	
Do you have or have you had any form of cancer?	YES	NO	

***Note to Parent/Guardian:** Please be sure that your Camper has taken all appropriate medication doses before arriving for MSPD CAMP COPS. Be advised that the Muscle Shoals Police Department will not be responsible for administering any prescription or over-the-counter medications to Campers. In the event that your Camper has a known medical condition that may require immediate treatment from an inhaler, EpiPen, etc, please contact Brandon Brown to discuss your Camper's individual needs.

I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and I have also read and hereby acknowledge the note to Parent/Guardian above.

Signature of Parent/Guardian **Date**

WAIVER TO CARRY EPIPEN/ASTHMA INHALER

Parent/Guardian, you must complete this section if your Camper will be carrying an EpiPen or asthma inhaler during MSPD CAMP COPS.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____ (parent/guardian) hereby request that _____ (Camper) be allowed to keep the appropriate prescribed device on his/her person while participating in all MSPD CAMP COPS activities>

The prescribed device(s) is/are: EpiPen_____ Asthma Inhaler _____

I understand that in order to participate in MSPD CAMP COPS, my child must be capable of safely storing the necessary EpiPen or asthma inhaler on his/her person (fanny pack or pocket) and using the device appropriately.

Signature of Parent/Guardian **Date**

MUSCLE SHOALS POLICE DEPARTMENT

CAMP COPS

Waiver and Release

As the parent and/or legal guardian of _____, a minor child ("Camper"), I do hereby acknowledge that I have read and understand this Waiver and Release and that I do voluntarily execute the same on behalf of Camper and do hereby consent to and give permission for Camper's participation in all MSPD CAMP COPS activities. I further state specifically that I am aware that these activities will include strenuous physical requirement as well as certain risks, including, but not limited to, illness, injury, and death. I understand and agree that MSPD CAMP COPS attendance is voluntary and elective and that Camper's participation in MSPD CAMP COPS is being allowed in exchange for the execution of this Waiver and Release. As bargained for, I agree, for myself and the Camper as follows:

1. I authorize the Muscle Shoals Police Department to obtain emergency medical care, including but not limited to first aid, transport, or treatment by medical personnel onsite or at a hospital or medical facility, which, at the discretion of the Muscle Shoals Police Department employees, may become necessary for my child in the course of MSPD CAMP COPS activities. I also accept full responsibility for payment of all medical bills my child may incur by reason of participation in such activities, including but not limited to, charges for doctors, ambulances, other transportation, hospitals or other medical facilities, and any and all medication(s) administered.
2. I have provided all relevant health information about my child in the Health and Medical Summary, and I certify that it is true and correct. I certify that I have disclosed on that form and all medical conditions my child has, and I have explained fully those that may impact his or her participation in the strenuous physical activities of MSPD CAMP COPS.
3. I authorize the Muscle Shoals Police Department and the City of Muscle Shoals to transport my child to and from activities scheduled away from Muscle Shoals Police Department.

4. I understand both that MSPD CAMP COPS involves taxing physical activities in hot and humid weather and the MSPD CAMP COPS involves activities at MSPD Firing Range. I acknowledge that some activities may place physical demands and stress on the body. I further state that my child is in proper physical condition to participate in such activities.
5. I understand the MSPD CAMP COPS involves demonstrations by the MSPD and I accept all risks which may accompany Camper's participation therein.
6. In exchange for the consideration of Camper being granted the opportunity to attend MSPD CAMP COPS, I hereby, for myself and my heirs, executors, administrators, successors, and assigns, and on behalf of Camper and for his/her heirs, executors, administrators, successors, and assigns, forever hold harmless, release, acquit, and discharge the City of Muscle Shoals and its agents, servants, successors, assigns, and all other persons, departments, officers, officials, and employees of the City of Muscle Shoals, Alabama, from ant and all claims, actions, causes of action, demands, rights, damages, costs, losses of service, expenses, or compensation whatsoever, which I or the Camper now have or which may accrue on account of or in any way grow out of any and all known or unknown, foreseen or unforeseen, personal and bodily injuries, as well as any there from which arise from any action or inaction, whether individually or collectively made. I also will not allow any such claims to be made on my behalf, or on the Camper's participation in MSPD CAMP COPS, and I waive any and all claims and causes of action arising from the unintentional or negligent conduct of the entities listed in this section, and I will indemnify and hold harmless the City of Muscle Shoals, the Muscle Shoals Police Department, and their servants, agents, employees, police officers, volunteers, and sponsors. I agree the City of Muscle Shoals, the Muscle Shoals Police Department, and their servants, agents, employees, police officers, volunteers, and sponsors are released and forever acquitted from any and all claims of liability, which could be brought by me, my

child, or my heirs, for illness or injury sustained by my child because of such participation.

7. I give permission for the use of the Camper's name and/or picture for use in television broadcasts, promotional materials, or any other public accounts of this event, as well as for Web based platforms including, but not limited to, City of Muscle Shoals, Muscle Shoals Police Department Web sites, Facebook pages and other social media platforms.
8. This Waiver and Release contains the entire agreement between the parties hereto and its terms are contractual and not a mere recital. I have read it, I do fully understand it prior to signing it and, by affixing my signature hereto, warrant that I am under no duress or undue influence to execute said document and that I sign the same freely and voluntarily.
9. The provisions of this Waiver and Release are intended to be severable and, if any one or more thereof should be held invalid for any reason, the rest shall nevertheless stand and be fully effective.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date