



CRIMINAL JUSTICE YOUTH PROGRAM



PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT

In consideration of the services of the Criminal Justice Youth Program, on behalf of the Chandler Police Department, its officers, employees, and all other persons acting in any capacity on its behalf (herein referred to as the Chandler Police Department), I hereby agree to release and discharge the Chandler Police Department, on behalf of my child or myself, heirs, personal representative, and estate as follows:

1. I expressly agree and promise to accept and assume all of the risks for my child/custodial warrant existing in this activity. _____ (Student name) and I _____ (guardian name) acknowledge that participation in this activity is purely voluntary. No one is forcing me _____ (student name and guardian) to participate, and I elect to participate.
2. The participant and I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the City of Chandler and the Chandler Police Department, its agents, officers, employees, and spouses from any and all liability, claims, demands, causes of actions or rights of action, which are related to, arise out of, or are in any way connected with my child's/ward's participation in this activity, known or unknown.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION, I WAIVE MY RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE CITY OF CHANDLER, THE CHANDLER POLICE DEPARTMENT, ITS AGENTS, OFFICERS, EMPLOYEES OR ANY OTHER PERSON OR ENTITY ACTING IN ANY CAPACITY ON THIS BEHALF.

3. I agree to cover any bodily injury or property damage my child or ward may cause or suffer while participating in this event. A copy of the insurance coverage is attached hereto.

My signature indicates that I have had sufficient opportunity to read this entire document, that I understand it affects my legal rights, and that I agree to be bound by its terms.

Signature of participant: _____
Signature of guardian: _____

Print Name _____
Print Name _____

I hereby declare that I am the parent or legal guardian of the named participant and consent to his/her participation in this program. In the event of sudden illness, accident, or injury that may occur while my child or ward is engaged in this activity when neither the parents nor the guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any medical care provider licensed under the laws of the State of Arizona.

Parent: _____
Address: _____
Date: _____

Print Name: _____
Telephone: _____