



Participant's Name : _____ Gender () M () F

Age: _____ DOB: _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email Address: _____

Emergency Contact: _____

Does this participant require a special accommodation due to a disability in order to fully participate in this program? [] Yes [] No

If Yes, what type of assistance needed?

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize Cops 4 Kids & Communities (its agents, employees, representatives, elected or appointed officials or designees, collectively referred to as "C4KC"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated C4KC activity. I authorize admission to any hospital designated by C4KC, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the C4KC from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant: _____

Date: _____

Witness: _____

*cannot accept registration without signature

WAIVER AND RELEASE AGREEMENT:

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the C4KC assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in C4KC activity(s).

(2) In consideration of the entry of me/my child into C4KC activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the C4KC from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the C4KC harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant: _____

Date: _____

*cannot accept registration without signature