



## CONSENT FOR YOUTH PARTICIPATION

I hereby request and consent that my child or ward \_\_\_\_\_  
Participant's Name

be permitted to participate in, and travel to and from activities, in the **Dublin Police Services Youth Academy**, the week of June 10-14, 2024, from 9:00 a.m. to 12:00 p.m.

I understand the following:

- My child or ward may be accompanied and/or transported by Dublin Police Service officials sponsoring the event; however, neither Dublin Police Services nor its officials assume any liability by such accompaniment or transportation.
- I agree that no official or Dublin Police Service employee associated with the event will be held responsible for any injuries or damages occurring while my child is traveling to or from the event site or during participation at the event. I do hereby hold harmless the sponsoring agencies, their officials, divisions, and agents against any and all liability, damage, loss, claims, or demands which arise out of, or are in any way connected with, my child/ward's travel to and from, attendance, or participation in the event.
- I hereby authorize any official of the event or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. Further, I agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions, and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of, or are in any way connected with, the provisions of such emergency medical services.

The nature of this youth event has been reviewed with me and I hereby give my approval.

I further grant permission for (PARTICIPANT'S NAME) \_\_\_\_\_ to appear in person or in voice, video, or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the **2024 Dublin Police Youth Academy**.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_