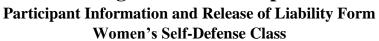


## **South Kingstown Police Department**





| Participant's Last Name   | Participant's First Name   |   | Date of Birth   |
|---|--|---|---|
| Current School or Employer  |  |   | Grade   |
| Address   | City   | State   | Zip Code  |
| Parent / Guardian (full name)   | Primary Phone  | Participant Primary Phone   |   |
| Primary Email Address:  |  |   |   |
| I agree to the unreserved use of my   | IABILITY - ASSUMPTION OF RISK – or my child's name and/or likeness (including the control of the | ng photographs, videotape   | es, and other depiction either  |
| acceptance of the application for e<br>claims for damages for death, perso<br>the participant as a result of their pa<br>in advance the Town of South Kin<br>employees from liability for any inc<br>release any and all liability arising of<br>aware that these classes or activities | PUBLICIZING South Kingstown Police Dentry into the classes or activities, I hereby nal injury, or property damage which the participation in said classes or activities included a pastown, the Town Council, the South Kindent due to participation in said classes or out of or connected with the participant or activities and to release, discharge and hold harmles  | WAIVE, RELEASE and articipant may have, or which ding field trips. This releases activities. I have read decivity for which the particular dangers. Nevertheless, I | DISCHARGE any and all<br>nich may hereafter accrue to<br>ease is intended to discharge<br>ent, its officers, agents and<br>scription of the program and<br>cipant is registered and I am<br>voluntarily agree to assume |
| understood and agreed that this waitkin, spouse and assigns.  | ver, release and assumption of risk is to be   | oinding on my heirs, pers   | onal representatives, next of   |
| SIGNATURE:  |  | <b>DATE:</b>  |   |
| Signature also indicates you are allow  | ring the participant to attend scheduled trips   | while participating in the  | s program.  |
| be aware. These may include shyness, s  | Participant Information: hare any information about their behavior, phy ocialization difficulties, issues with stress, lea bility to be more successful and happier while  | rning style, etc. Please list   | any strategies used to manage   |
|   | list any information such as but not limited<br>the participant. Please fill out the informatio  |   |   |
| *If the participant does not have any   | restrictions, allergies, or does not require a   | ny medication please init   | ial here  |
| Participant History: If the participant l better serve the needs of the participant   | nas any special conditions, needs or limitation during the class or activity.  | s as this will help our staff   | prepare in advance and help   |
| Dietary Restrictions: If the participant  | has any dietary restrictions, please provide in  | structions.   |   |
| the event reactions occur:  | rgies or is sensitive to anything, please check  |   |   |
|   | ANY medication during program hours, it's aware of when to take it.  |   |   |
|   |  |   |   |