

JUNIOR POLICE ACADEMY WAIVER

I, the undersigned, (Parent's Name) _____
 residing at (Address) _____, County of Lake, State of Illinois, being
 the parent or legal guardian of (Participants Name) _____, do
 hereby give my permission for him/her to attend the Junior Police Academy and in consideration of allowing
 him/her to participate in the above mentioned program; voluntarily and knowingly release and discharge the
 Junior Police Academy, the Village of Mundelein, the Mundelein Police Department its employees, agents,
 successors, assigns and all others who may be liable from all claims, present and future, known or unknown, in
 any manner arising out of his/her participation in the Junior Police Academy. I also acknowledge that
 (Participants Name) _____ has no limiting medical conditions and is fully
 capable of participating in the program.

I appoint the Mundelein Police Department to act in my place, in the event that (Participant's Name) _____
 _____ should require medical attention while involved in the Junior Police
 Academy Program. The appointment is for the purpose of securing benefits for the health and welfare of
 (Participant's Name) _____ and expressly includes the authority to
 sign releases to physicians who may render emergency medical care and services. I promise to assume liability
 for payment of all professional services, and to reimburse the Village of Mundelein for any expense that may be
 incurred for treatment, care, drugs, and other services for (Participant's Name) _____.

In consideration of all above as well as the supervision provided on my behalf and on behalf of (Participants
 Name) _____. I hereby agree to hold the Mundelein Police Department,
 Village of Mundelein's employees, agents, successors, assigns, its agents and all others who may be liable,
 harmless for results of any decision it may make in connection with the care and treatment of (Participant's
 Name) _____. I agree that if the above-mentioned participant's behavior is such that it
 endangers the welfare of the entire group, the Mundelein Police Department have my permission to send
 him/her home.

I also agree to send (Participant's Name) _____ on any and all field trips
 provided by the Junior Police Academy.

 Signature of Parent/Guardian

 Date

 Address

 Home Telephone

 City State Zip

 Emergency Number



School Student Attends

Adult T-Shirt Size- S M L XL

Courage. Pride. Commitment.