

# **2018 MARSHALL COUNTY LAW ENFORCEMENT YOUTH CAMP APPLICATION**

Law Enforcement agencies from across Marshall County will sponsor and provide a Law Enforcement Youth Camp for students this year on the dates shown below. The camp staff will be comprised of local law enforcement officers, reserve officers, jail officers, and other volunteers. The camp activities will include, but are not limited to, law enforcement related displays, career-oriented classes, leadership skills, obstacle courses, marching, and other recreational and sporting activities. This camp creates opportunities for local youth to have discussion and personal contact with some of Indiana's finest law enforcement officers.

**CAMP DATES** - June 22-24, 2018

**LOCATION** – Potawatomi Wildlife Park  
16998 State Road 331, Tippecanoe, IN 46570  
Phone: (574) 498-6550

**REGISTRATION** - Friday, June 22, 2018  
1:00 p.m. – 2:00 p.m. (Eastern Time)

**Closing Ceremonies** - Sunday, June 24, 2018  
5:00 p.m.

Parents will be contacted / informed what campers will to bring within five days of the first day of camp

# MARSHALL COUNTY LAW ENFORCEMENT YOUTH CAMP

**APPLICANT'S INFORMATION:** Applicants must currently be in the 7<sup>th</sup> or 8<sup>th</sup> grade, entering the 8<sup>th</sup> or 9<sup>th</sup> grade in the fall of 2018

Name \_\_\_\_\_ County \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I am Currently in (Check One):

\_\_\_\_\_ 7<sup>th</sup> Grade (entering 8<sup>th</sup> Grade in the Fall of 2018)

\_\_\_\_\_ 8<sup>th</sup> Grade (entering 9<sup>th</sup> Grade in the Fall of 2018)

Applicant's Signature \_\_\_\_\_ Shirt Size: S M L XL XXL Male or Female  
(Adult Sizes) (Circle One)

## **Parent or Guardian Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## **Alternate Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Medical Information of Applicant:

Identify all known allergies and current medications: \_\_\_\_\_

\_\_\_\_\_

Identify any and all medical conditions that may hinder the applicant's participation in camp activities or of which the camp staff should be aware:

\_\_\_\_\_

I hereby consent and give permission to the camp staff to provide non-emergency medical treatment. Camp staff has my permission to give my child (circle all that apply, generic forms may be used):

Tylenol    Advil    Benadryl    Ibuprofen    Tums    Other \_\_\_\_\_

\_\_\_\_\_  
Applicant's Physician's Name

\_\_\_\_\_  
Physician's Phone #

\_\_\_\_\_  
Date

**RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

This application is to be completed and signed by a custodial parent or legal guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court.

I understand that the Marshall County Law Enforcement Youth Camp will be staffed by volunteers comprised of Indiana Sheriffs, Sheriff's Deputies, Police Officers, Sheriff's Department Personnel, Reserve Deputies, Reserve Police Officers, and other volunteers ("Camp Staff"). I have fully read this application including this Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement (the "Agreement"). I promise and agree on behalf of myself, my spouse, partner, or any other person with standing to sue on behalf of the above applicant that no claim will be made or suit brought arising out of or related in any way to the Marshall County Law Enforcement Youth Camp or the above applicant's participation in it. I acknowledge that I know and appreciate the risks and dangers involved in the Camp and have explained them to the applicant. I and the above applicant agree that we are assuming all risks of injury, both known and unknown, now and in the future, which may include, but is not limited to, serious and permanent bodily injury or death as well as any other damage incident to the applicant's participation in the Camp. Further, I do hereby release and forever discharge the Camp Staff, all Indiana Sheriffs Offices, and all volunteers together with their representatives, agents, officers, employees, officials, and volunteers (collectively "the Releasees") from any and all claims, demands, actions and causes of actions of any sort for any injuries sustained by the applicant and from any damages to the applicant and/or the applicant's property **including claims of negligence** ("Released Claims"). I understand that camp activities include, but are not limited to, law enforcement displays, career-oriented classes, obstacle courses, tug-of-war, marching, and other recreational and sporting activities. I promise and agree to indemnify and hold harmless Releasees from any judgment, costs and expenses, including medical expenses and attorney's fees (including the cost of responding to and defending against any Released Claims), related to any Released Claims. **Released Claims includes any and all personal injury or property damage caused by negligence.**

**Transportation Authorization:** I hereby give permission for Camp Staff to transport the above applicant to and from camp activities. I understand and agree that Released Claims includes claims related to transportation of the applicant to and from camp activities.

**Medical and Emergency Authorization:** I hereby certify and affirm that the above applicant is in good physical health. I understand that if injury or illness occurs to the applicant, medical and/or hospital care will be given. I hereby consent and give permission to the Camp Staff to provide non-emergency medical treatment. I understand that in case of serious injury or illness, an attempt will be made to notify the parent or legal guardian from the information furnished on this form. If the parent or legal guardian cannot be reached, I hereby consent and give my permission for treatment or surgery to be administered as recommended by the attending physician(s). I will be fully responsible for any costs of any medical treatment. I understand and agree that Released Claims includes claims related to medical and emergency care.

**Promotion Agreement and Photo Release:** I am aware that photographs or video may be taken of Marshall County Law Enforcement Youth Camp participants during various events and activities. These pictures may be taken by the Camp Staff, professional photographers, news media, other campers or their parents, friends, or relatives, volunteers, or other people involved in or observing the camp. I hereby waive the right to see or approve any publications that contain photographs of me and/or the applicant. I release the Releasees as identified above from any and all responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of me and/or the applicant. I further give the Camp Staff and their representatives permission to use photographs or video that include me and/or the above applicant in any and all media products for promotion, art, advertising, editorial or other purposes. This may include, but is not limited to, social media, Facebook, Twitter, newsletters, both printed and electronic, posters, brochures, ads, post cards, and web pages.

**Parent or Guardian Permission:** I hereby certify and affirm that I am legally authorized to release the Released Claims, **which includes claims for negligence**, and to sign and be bound by this Agreement to allow the applicant to participate in the Marshall County Law-Enforcement Youth Camp. I have read and understand all of the information in this application and Agreement. I have confirmed the accuracy of the emergency contact information provided in this application. I acknowledge that the Marshall County Law-Enforcement Youth Camp is a nonprofit organization and participation in the Camp is completely voluntary. In consideration of the benefits to be derived by the applicant, by signing below I hereby agree to the terms of this Agreement and give my consent and the permission for the above applicant to participate in the Camp.

I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

Applicant's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Printed Name      Parent/Legal Guardian Contact Phone No.      (Alternate Phone No.)

Parent/Legal Guardian Signature: \_\_\_\_\_

Camper's Name Printed: \_\_\_\_\_

**NOTICE AND ACKNOWLEDGMENT**  
**SIMULATED (AIRSOFT) PISTOL TRAINING**

The Marshall County Law-Enforcement Youth Camp is proud to provide Simulated Pistol Training to its campers. Law-Enforcement uses simulated training because it provides the most realistic simulation training. This is not a video game but a shooting range training experience. Campers will use law enforcement pistols (not toy guns or video game style guns) with simulated training rounds (Airsoft BBs). Campers will be shooting at orange silhouette paper targets throughout the exercises. Campers will learn about proper pistol handling and general gun safety.

By signing below, you acknowledge that you have read this Notice and Acknowledgment, have had all your questions related to this simulated training answered, understand that the Parent Consent and Release of All Liability remains in effect throughout the simulated training, and agree to your camper participating in the simulated training.

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_