



## Iowa City Police / Fire Academy Parental Consent & Media Waiver 7<sup>th</sup> & 8<sup>th</sup> Grade

I understand that my child will be attending and participating in activities as part of the Iowa City Police / Fire Youth Academy . I understand the Academy may involve physical activities that may be difficult or strenuous. I understand and accept any risk associated with my child attending the Academy and participating in those activities.

I understand that no fee is being charged for my child's participation, and that I agree to release and hold harmless, and covenant not to sue the **City of Iowa City** and its employees, officers, agents, and volunteers (Released Parties) for any personal injury or property damage I or my child may suffer. As part of the consideration for providing this Academy, and allowing my child to participate, I agree to defend and indemnify the Released Parties against any claims whatsoever that may arise by virtue of my child's participation in the Academy.

I HAVE READ THIS DOCUMENT CAREFULLY, AND UNDERSTAND IT. I AM SIGNING THIS FREELY AND WITHOUT RESERVATION OR CONDITION. (IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU)

---

*Parent/Guardian*

*Date*

*Student*

.....

*Iowa City Police / Fire Academy (7<sup>th</sup> & 8<sup>th</sup> Grade) 2015 Schedule*

July 13-14, 2016

Start each day at the ICPD Substation, 1067 Hwy 6 E, Iowa City

**THIS RELEASE IS VALID FOR A MAXIMUM OF ONE YEAR FROM DATE SIGNED**



## Iowa City Police / Fire Academy Parental Consent & Media Waiver 7<sup>th</sup> & 8<sup>th</sup> Grade

\_\_\_\_\_ (Student) desires to participate in the Johnson County Public Safety Leadership Academy to be conducted by the Iowa City Police Department / Iowa City Fire Dept. / Johnson County Ambulance Service for youth with an interest in a Public Safety career path. In an attempt to promote future participation in the Johnson County Public Safety Leadership Academy, local media may be photographing or interviewing participants.

PLEASE CHECK THE APPROPRIATE BOX BELOW AND SIGN

☐

YES, I agree to the use of my child's picture/interview for the current or future events

☐

NO, I do not want my child photographed or interviewed

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

**THIS RELEASE IS VALID FOR A MAXIMUM OF ONE YEAR FROM DATE SIGNED**