

Johnson County Public Safety Leadership Academy Parental Consent & Media Waiver

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 T HIS 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
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Iowa City Police / Fire Academy (5^{th} & 6^{th} Grade) 2015 Schedule

July 18-22, 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



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	(Student) desires to pa	articipate in the Johnson County	
Public Safety Leadership Academy	y to be conducted by the I	owa City Police Department / Iowa	
City Fire Dept. / Johnson County A	Ambulance Service for you	ith with an interest in a Public Safety	
career path. In an attempt to pro	mote 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 r	ny child's picture/intervie	w for the current or future events	
NO, I do not want my child photographed or interviewed			
Parent/Guardian	Date	Student	

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