

MANCHESTER TOWNSHIP POLICE
YOUTH POLICE ACADEMY



Application:

Name: _____

Date of Birth: _____

Home Address: _____

Home Telephone Number: _____

Parents Work Number: _____

Parents Cell Phone Number _____

Email address: _____

Current School: _____

T-Shirt size (Adult size): SMALL MEDIUM LARGE X-LARGE
(Please circle one)

If not available in case of emergency, notify:

Phone number of Emergency Contact: _____

Name of person carrying insurance: _____

Name of Insurance Company: _____

Insurance I.D: _____ Group Number: _____

Does applicant have any allergies? _____

If yes, what: _____

Describe reaction to allergy and how is it treated: _____

Is any physical activity to be limited? _____

Is there any other illness/injury that we should know about? _____

Applicants Signature and Date _____

MANCHESTER TOWNSHIP POLICE
YOUTH POLICE ACADEMY

Please provide a brief essay response to the following question:
Why do you want to participate in the Manchester Township Youth Police Academy? What do you hope to accomplish?
(Write in the provided space below or attach essay to application)

**Manchester Township Police
Youth Police Academy**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form

Applicant Name: _____

Parent/Guardian Initial Next to Each:

____ **Waiver:** In consideration of the Applicant named above being permitted to voluntarily participate in the Township of Manchester Youth Police Academy (the "Activity"), I, for myself, my child and our heirs, personal representatives, and/or assigns, **do hereby release, agree to hold harmless, and waive any claim against, discharge from liability, and promise not to sue the** Township of Manchester Police Department and/or the Township of Manchester or their respective officers, employees, volunteers, and/or agents for liability from any and all claims including the negligence of the Township of Manchester Police Department and/or the Township of Manchester or their respective officers, employees, and agents, with respect to any and all personal injury, accidents, illnesses (including death or catastrophic injury), or property loss or property damage arising from, but not limited to, the above student's participation in the Activity.

____ **Assumption of Risk:** Participation in the Activity carries with it certain inherent risks of injury that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks of injury vary from one activity to another, but may range from and include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

____ **Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Township of Manchester Police Department and/or the Township of Manchester HARMLESS from any and all claims, actions, suits, procedures, cost expenses, damages and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse it for any such expenses incurred in defense of such claims or actions.

____ **Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted under New Jersey law and that if any provision of this document is held invalid, it is agreed that the balance shall continue in full legal force and effect.

____ **The Activity:** I hereby acknowledge that the Activity includes participation in the activity set forth above, as well as any customary and preparatory activities associated therewith, such as setting up materials or equipment, breaking down equipment or materials, practices, tryouts, training, conditioning, and travel to and from events associated with the Activity. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program.

**Manchester Township Police
Youth Police Academy**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement Form

____ **Acknowledgement of Understanding:** I have carefully read this waiver of liability, assumption of risk, and indemnity agreement, and understand that I am giving up substantial legal rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. I understand that I have a right to consult with legal counsel regarding this agreement. I have also discussed this agreement with the Applicant named above.

Signature of Applicant's Parent/Guardian Date

Printed Name of Applicant's Parent/Guardian

Address of Parent/Guardian

(_____) _____
Phone Number

City, State, Zip Code

As the Applicant, I understand and agree to all of the obligations placed on me by this Agreement.

Signature of Applicant Date

Printed Name of Applicant

Address of Applicant

(_____) _____
Phone Number

City, State, Zip Code

**Manchester Township Police
Youth Police Academy**

Media Release Form

Applicant Name: _____

1) I, the undersigned, hereby authorize the Township of Manchester Police Department and/or the Township of Manchester to use the Applicant's name and/or photographs, motion pictures, video footage, and/or electronic sound recordings (herein referred to as photographic or electronic reproductions).

2) I authorize the use the Applicant's name and/or photographic or electronic reproductions for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by the Township of Manchester Police Department and/or the Township of Manchester.

3) I hereby waive any right to inspect or approve the photograph or electronic reproductions that may be used now or in the future, whether that use is known to me or unknown. I waive the right to royalties or other compensation arising from or related to the use of the Applicant's name and/or photographic or electronic reproductions.

4) I hereby agree to release, defend, and hold harmless the Township of Manchester Police Department and/or the Township of Manchester and its officers, employees, successors and assigns, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, burring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

PARENTAL CONSENT

I certify that I am the parent or guardian of the Applicant, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature of Applicant's Parent/Guardian

Date

Printed Name of Applicant's Parent/Guardian

Address of Parent/Guardian

() _____
Phone Number

City, State, Zip Code

**Manchester Township Police
Youth Police Academy**

Medical Release Form & Physician Certification

Applicant Name: _____

Section A: Medical Release

I represent and warrant that to the best of my knowledge and belief that the Applicant is physically and mentally able to participate in the Township of Manchester Youth Police Academy. I also represent that a licensed examiner has reviewed the health information set forth in the Applicant's application and has certified, based on an independent medical examination and there is no medical evidence that would preclude the Applicant's participation.

If a medical emergency should arise during the Applicant's participation in the Township of Manchester Youth Police Academy at a time when I am not personally able or present to be consulted regarding the Applicant's care, I authorize the Township of Manchester and/or the Township of Manchester Police Department to take whatever measure are necessary to protect the Applicant's health and well-being, including, if necessary, hospitalization. I also give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to the Applicant.

This form may be photocopied for use during the duration of the program.

I certify that I am the parent or guardian of the Applicant above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Medical Release. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature of Applicant's Parent/Guardian Date

Printed Name of Applicant's Parent/Guardian

Address of Parent/Guardian

City, State, Zip Code

() _____
Phone Number