



JACKSON COUNTY SHERIFF

210 U.S. Highway 75, Holton, Kansas 66436
Ph. 785.364.2251 Fax. 785.364.4820

Sheriff Tim Morse ~ Undersheriff Darrel Chapman

REGISTRATION FORM 18th Annual Law Enforcement Day Camp August 8th & 9th, 2019

\$10.00 registration fee per child – NO REFUNDS
1 spray can of sunscreen per family-due with registration

T-Shirt sizes are: Youth S-L Adult: S-XL

Please Print:

Last Name	First Name	Age	T-Shirt Size
-----------	------------	-----	--------------

Waiver of Liability, Assumption of Risk and Hold Harmless Indemnification Agreement (please read carefully before signing)

Waiver of Liability

In consideration of the acceptance of my application for participation in the Jackson Co Sheriff's Kids' Day Camp, hereinafter "the Event," I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against Jackson County, Kansas, hereinafter "the County," as a result of my participation. This waiver is intended to discharge the County, its officers, officials, employees, equipment providers, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in the Event, even though that liability may arise out of negligence or carelessness of persons or entities mentioned above.

Assumption of Risk

I further understand that participation in the Event may give rise to accidents and injuries, including but not limited to cuts, scrapes, punctures, strains, broken bones, heat illness, and drowning. Knowing the risks associated with participation in the Event, I nevertheless agree to assume these risks.

Hold Harmless & Indemnification

I further hold harmless and indemnify the County, its officials, employees, equipment providers and volunteers who might otherwise be liable to me, or my heirs or assigns, for injuries or damages. It is further understood and agreed that this waiver, assumption of risk and hold harmless agreement is to be binding on my heirs and assigns.

Acknowledgement

By signing below, I acknowledge I have read this agreement, and understand that I am giving up substantial rights, including my right to sue. And I further acknowledge that I voluntarily consent and agree to all the provisions in this agreement.

Legal Guardian Signature

Date

Legal Guardian Printed Name

Address

City/St/Zip

Wireless Phone Number

Wireless Phone Service Provider:

Textcaster Service will be provided to all parents/guardians of day camp kids. TextCaster is a cell phone service to send out mass text messages to a group of people. We would like to use this service to notify parents/guardians of any emergencies, inclement weather that may cause schedule changes to our day, or just as a reminder.

ADDITIONAL EMERGENCY CONTACTS THAT CAN BE REACHED DURING THE HOURS OF THE DAY CAMP:

1st Emergency Contact Person & Phone Number: _____

2nd Emergency Contact Person & Phone Number: _____