



### **APPLICATION**

APPLICANT INFORMATION				
Student Name: Last:	Fir	st:		MI:
Date of Birth:	High Scho	ool Name:		Grade:
Email Address:				
PARENT/GUARDIAN INFORMA	<u>TION</u>			
Mother's Name:	Fa	ther's Name:		
Home Address:				
Phone No:	Contact Er	mail:		
EMERGENCY CONTACT INFOR	RMATION			
Name:		Relationship	):	
Address:				
Phone No:				
HEALTH INFORMATION				
Doctor's Name:		Phone Numb	er:	
Does Student take any medication		No		
If yes, which ones:				
Will Student be taking any medica	ation during the progr	am? Yes	No	
If yes, which ones:				
Insurance policy and number:				
Any special circumstances or med	dical issues:			
I give my consent for my child to participate in the Naperville Youth Academy Staff permission permission for a representative of the Napervil understand that I will be notified if a medical e	on to use any images of my c lle Police Department to trans	hild while participating in this	s program. Should	t be deemed necessary, I give
Signature of Parent/	Guardian			Date

#### **RELEASE AND WAIVER**

In consideration of participating in the Naperville Police Department Youth Academy Program, I, the undersigned parent/guardian of the participant, do hereby for child, myself, my heirs, executors and administrators, assume all risks associated with participation in the Program and waive all future claims I may have arising there from for myself and my child, including but not limited to financial loss, property damage, physical, emotional and psychological trauma and injury, death, and any other damages. I do hereby release, waive, discharge, covenant not to sue, agree to hold harmless, and indemnify the City of Naperville, it's officials and any other employee or agent from any and all liability whatsoever for any said injuries, accidents and/or damages caused by or incurred as a result my child's voluntary participation in this police program and/or being in accompaniment of a Naperville Police Officer or other employees or agents of the City of Naperville. I understand that my child may be released from the Program at any time for any reason and that I am fully responsible for the consequences of my child's actions and the Naperville Police Department nor the City of Naperville assumes any responsibility for my child's actions. I am signing on behalf of my child and agree to be bound by the terms of this Agreement.

The undersigned has carefully read and fully understands this waiver and assumption of risks and intends that this agreement be as broad and inclusive as permitted by the laws of the State of Illinois. The undersigned affirms that this waiver has been entered into voluntarily and is binding upon the undersigned and his/her heirs, successors, executors and/or administrators.

Participant's Signature:	Date:
If the participant is less than 18 years old:	
Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	

### **PHOTO RELEASE**

In consideration of the below student's participation with Naperville Police Department Youth Academy, the undersigned, for himself or herself and the participating student consent to the below named student's image or likeness to be photographed and/or video recorded.

In further consideration of being photographed and/or video recorded, the undersigned hereby releases, waives, and discharges the City and the City's directors, officers, employees, and agents (hereinafter "the releasees") from any claims that may arise regarding the use of the student's image. The undersigned hereby agrees to indemnify and save and hold harmless the City and its releasees from any loss, liability, damage, or cost they may incur.

The undersigned has read, understands, and voluntarily signs the release and waiver of liability and release form, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Participant's Signature:	Date:
If the participant is less than 18 years old:	
Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	

#### **RESTRICTIONS PERTAINING TO THE PROGRAM**

A participant shall not use still or video cameras or other recording devices, including audio, during the program nor post anything on social media.

Participant's Signature:	Date:
Parent/Guardian Signature:	Date:
Please return this completed applicat	tion (all three pages) to:
Naperville Police Depa	artment
Sgt. Mike McLea	an
mcleanm@naperville.	<u>.il.us</u> or
Naperville Police Department, 1350 Auror	ra Ave., Naperville, IL 60540
upon certain circumstances, this program may be cancelle	ed at any time including while it is occurring.
	ed at any time including while it is occurring.
upon certain circumstances, this program may be cancelle	ed at any time including while it is occurring.  Use Only