

(Please be advised that a child over 18 years of age does not require a parent or guardian signature, however, such a signature is recommended if obtainable.)

Clermont County Sheriff's Office
JPA Camp-General Registration Form

Participant Name: _____
(If a minor, Parent/Guardian Name): _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____

Release

Recognizing the risk and possibility of injury associated with participation in the Clermont County Sheriff's programs and in consideration of the Clermont County Sheriff offering the program at a nominal fee and accepting the participant into the program and activities, I for myself, my heir, successors, administrators and assigns hereby release, discharge and/or otherwise indemnify the Clermont County Commissioners, the Clermont County Sheriff, Pierce Township Police Department, Pierce Township Trustees, Union Township Police Department, Union Township Trustees, Amelia Police Department, Batavia Police Department, Williamsburg Police Department, Bethel Police Department, Clermont County, Ohio, as well as all employees and/or agents of these entities from any and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in the Clermont County recreational programs. I further certify that the participant is physically fit and capable of participating in all activities required by the recreational programs and that participating in the recreation programs will not pose a risk of physical harm to any participant.

Authorization for Medical Treatment

In the event participant receives an injury, requiring medical attention of any type, I hereby authorize the Clermont County Sheriff's Office/Pierce Township Police Department/Union Township Police Department/Amelia Police Department/Williamsburg Police Department/Bethel Police Department, Batavia Police Department, Clermont County, Ohio or its employees or agents to consent to whatever treatment is medically necessary and hereby release those entities from any claims whatsoever arising from that consent.

Authorization to Use Image and Photographic Likeness

In the event the participant or my photograph or other image is taken or created during the participant or my participation in this program, in consideration of the acceptance of the participant in the program, I authorize the Clermont County Sheriff to use my photography or other image for promotional purposes.

_____ **Please check if you DO NOT want your child's photograph taken.**

Dated this _____ day of _____, 20_____

Participant _____

Guardian _____

Youth Program Emergency Information and Transportation
Authorization Form

I give the Clermont County Sheriff's Office/Batavia Police Department /Union Township Police Department/Williamsburg Police Department/Pierce Township Police Department/Bethel Police Department/Amelia Police Department, representatives my permission to transport my child, _____, to the nearest available medical/dental facility for emergency medical care. (This form does not authorize or guarantee treatment upon arrival at the designated facility, as each facility sets their own treatment procedures.)

I grant permission for my child to participate in all activities, including field trips with transportation provided by the Clermont County Sheriff/Batavia Police Department/ Union Township Police Department/Pierce Township Police Department/Williamsburg Police Department/Amelia Police Department/Bethel Police Department, in connection with the program(s) in which I have enrolled by child.

Parent Signature: _____

Witness: _____