

To Whom It May Concern:

From July 8-12th, the Clermont County Sheriff's Office, Union Township Police Department, Pierce Township Police Department, Batavia Village Police Department, and Owensville Village Police Department are teaming up to present a week long Junior Police Academy (JPA) for ages 13 to 17. This program will provide a unique experience for law enforcement professionals to come together with young people and share a basic law enforcement knowledge, techniques and experiences.

The JPA cadets will not only learn about law enforcement, but much emphasis is placed on teamwork, respect, positive behavior, pride in one's work and the resistance to drugs and alcohol abuse. It is our hope that each cadet will leave the program with a better understanding of citizenship and how rewarding community involvement can be.

In broad terms, the Junior Police Academy began in Austin Texas, and has since grown to over 200 programs nationwide. This year, thanks to the coordinated efforts of the Union Township Police Department, Pierce Township Police Department, Owensville Village Police Department, and the Batavia Village Police Department, we are able to present this program at no cost.

We encourage you to learn more about the Junior Police Academy by visiting the national web page at www.juniorpoliceacademy.org or feel free to contact Captain Greg Moran 513-732-7644, Or your S.R.O. We are looking forward to a fun educational week and hope to see you there.

Clermont County Sheriff's Office



Union Township Police Department



Pierce Township Police Department



Batavia Village Police Department



Junior Police Academy Requirements

Age: Must be 13 to 17 years old.

Transportation: Cadets are responsible for transportation to and from the academy

Class is Monday through Thursday from 9:00am — 3:00pm.

**** FRIDAY ONLY 830-3:00****

Location: Bethel Tate High School
3420 Sr 125
Bethel Ohio 45106

Date: July 8th -12th Class size is limited to **24 cadets**. Due to the limited size and based on the demand, enrollment will be based on a review of the attached questionnaire. You will be notified upon acceptance.

Clothing:

Physical conditioning can be every morning. Cadets should bring a pair of running shoes and dress comfortably (no sandals or flip flops). There are no shower facilities. JPA cadets should consider bringing a change of clothes, a towel and any other items to freshen up after physical activity. JPA cadets should bring a water bottle. During certain dates and times of instruction, the cadets are encouraged to wear the provided cadet T-shirt for uniformity.

Food: Lunch will be provided-
**** any food allergies please note on the application****

Registration: Complete the attached paperwork by May 22 , 2024 and return to:

Clermont County Sheriff's Office

4470 State Route 222

Batavia, Ohio 45103

Attn: Captain Greg Moran

Or return to your S.R.O. A.S.A.P

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

Participant Name: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Participant's T-Shirt Size _____ School _____ Grade _____

Release

Recognizing the risk and possibility of injury associated with participation in the Clermont County Sheriff's Office programs and in consideration of the Clermont County Sheriff's Office 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's Office, Pierce Township Police Department, Pierce Township Trustees, Union Township Police Department, Union Township Trustees, Batavia Police Department, Owensville 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.

Parent/Guardian _____ Date _____

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, Batavia Police Department, Owensville 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.

Parent/Guardian _____ Date _____

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's Office 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 _____

PARENT/CHILD PERMISSION SLIP

This permission slip is for participation in the Clermont County Sheriff's Office Junior Police Academy Camp July 8-12th, to take place at Bethel Tate High School. This activity will be supervised by the Clermont County Sheriff's Office, Pierce Township Police Department, Union Township Police Department, Batavia Village Police Department, and Owensville Village Police Department. We, the undersigned child and parent/guardian of _____ do hereby give permission for _____ to participate in the above stated activity. We appreciate the dangers and risks associated with above stated activity including preparations for and transportation to and from the activity, and on my own behalf and/or on behalf of my child I hereby fully release and waive any and all claims, demand, action or cause of action of whatever nature, either in law or equity arising by reason of any bodily injury, personal injury, mental injury, or death due to the child's participation in the above referenced activity and the necessary travel to and from the activity site that may arise against the Clermont County Sheriff's Office, Pierce Township Police Department, Union Township Police Department, Batavia Village Police Department, and, Owensville Village Police Department and all employees, volunteers, related parties or other organizations associated with any program of activity. We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said child may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless continue in full force and effect.

We further state that I/we have fully and carefully read the above release and know the contents of the same and sign this release as our own free act.

Parent/Guardian _____ Date _____

Youth Program Emergency Information and Transportation
Authorization Form

I give the Clermont County Sheriff's Office, Pierce Township Police Department, Union Township Police Department, Batavia Police Department, Owensville 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's Office, Pierce Township Police Department,, Union Township Police Department, Owensville Police Department, Batavia Police Department, in connection with the program(s) in which I have enrolled by child.

Parent / Guardian Signature:

****Additionally this year we will be going to Woodland Lakes Christian Camp for a day. This is a non-religious based activity. We will be doing team building exercises as well as a high ropes obstacle course. A separate waiver for that day of activities is attached and must be signed in order for your child to participate. If your child has any issues with heights then you can opt out of that portion and indicate on the form in writing just the team building. If nothing is marked we will assume that the child is permitted to do both. These activities are at no cost as they are being paid for by the Deputy Bill Brewer 2055 Foundation and The Fraternal Order of Police Ohio Valley Lodge #112- so special thanks to them for providing this for the academy participants. If you have any questions about this day of activities please contact Deputy Gregory at 513-947-7424.**



Ohio Valley Lodge #112

WOODLAND LAKES CHRISTIAN CAMP ADVENTURE PROGRAMMING WAIVER

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN THE FOLLOWING WLCC ADVENTURE PROGRAMS: CLIMBING TOWER, VERTICAL MATRIX, MULTILINE TRAVERSE, CRATE STACKING, GIANT SWING, HIGH ROPES COURSE, ZIPLINE, INDOOR CLIMBING WALL AND/OR LOW ROPES.

IN CONSIDERATION of being permitted to participate in any way in the Adventure Programs at Woodland Lakes Christian Camp, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities included in the Adventure Programs are significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities included in the Adventure Programs are physically and mentally intense. I agree to abide by all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest WLCC Staff Member as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY Woodland Lakes Christian Camp and Retreat Center (their officers, agents and/or employees, along with volunteer led church staff, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSE BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name _____ Participant Signature _____ Date _____

Parent Name _____ Parent Signature _____ Date _____