

**Greenville Police Department's Annual Officer Allen Jacobs Summer Camp
Volunteer Waiver**

Adult Volunteer Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____

In case of emergency call: _____ Phone number: _____

Any medical conditions: _____

The Greenville Police Department (GPD) is sponsoring a summer recreation program that focuses on educating youth against the lure and danger of gang involvement. Please be informed that a recreation program by nature is not without risk. The same elements that contribute to the unique character of a recreation program, such as exposing oneself to the natural elements, can result in accidental injury to participants, illness, or in extreme cases, permanent trauma or death. We don't want to frighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of the various possibilities. We ask that you read this thoroughly and sign it. If you have questions regarding anything, please do not hesitate to ask us about it.

ACKNOWLEDGMENT OF RISK

I hereby certify that I and/or my child are in good physical condition, and fully capable of participating in this program. Therefore, I herein acknowledge that I have read the above statement on the risks involved in this activity, and willingly assume full responsibility for myself and/or my child for expenses, loss of personal property, bodily injury and/or death arising out of, or in any way connected with, the program.

WAIVER AND RELEASE

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF GREENVILLE, ITS EMPLOYEES, OFFICERS, AGENTS AND/OR CONTRACTORS FOR AND AGAINST ANY AND ALL DAMAGES, LOSSES, SUITS, LIABILITY AND/OR CAUSES OF ACTION RESULTING FROM PROPERTY DAMAGE, AND/OR FROM PERSONAL INJURY, INCLUDING DEATH, OF MYSELF AND/OR MY CHILD ARISING OUT OF OR IN ANY WAY CONNECTED WITH OUR PARTICIPATION IN THIS PROGRAM, EXCEPT TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY OF GREENVILLE, AND COVENANT NOT TO SUE OR TAKE ACTION AGAINST THE CITY OF GREENVILLE, ITS EMPLOYEES, OFFICERS, AGENTS AND/OR CONTRACTORS EXCEPT AS SET OUT HEREIN.

AUTHORIZATION FOR TREATMENT OR EMERGENCY CARE: I hereby give permission to the medical personnel selected by the City of Greenville/Greenville Police Department to order X-rays, routine tests, treatment, and necessary transportation for me and/or my child to a medical facility. In the event I, and/or the emergency contact designated above, cannot be reached in an emergency, I hereby give permission to the physician selected by City personnel, and/or by the medical facility, to secure and administer treatment, including hospitalization, for myself and/or my child named above. The completed forms will be photocopied.

It is understood and agreed that the Greenville Police Department reserves the right to refuse participation in this recreation program to anyone it determines unsuitable.

I hereby permit the City of Greenville to use photographs and various other media of myself and/or my child for the purpose of publicity for City programming. ____ YES ____ NO

In consideration of the right for my child, and/or myself as a volunteer, to be allowed to participate in this program, and for my child and/or myself who will be participating in the program, I hereby agree to be bound by all of the foregoing.

Signature: _____ Date: _____