



**Junior Police Academy Release Form**  
 Miami Township • Goshen Township • Loveland • Milford  
 June 8-12, 2020 • Miami Meadows Park, Milford Ohio

Participant Name: \_\_\_\_\_ Parent/Guardian (if Minor): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F Grade: \_\_\_\_\_

Shirt Size (please circle): (Adult: S M L XL)

Event Name	Date	Time	Location	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Release:** Recognizing the risk and possibility of injury associated with participation in Miami Township recreation programs and in consideration of Miami Township offering the programs at a nominal fee and accepting the participant into the program and activities, I for myself, my heirs, successors, administrators and assigns hereby release, discharge and/or otherwise indemnify Miami Township, Clermont County, Ohio. The Board of Trustees of Miami Township, 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 Miami Township 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. In addition, I grant permission for my child to participate in all activities, including field trips with transportation provided by Miami Township in connection with the program(s) in which I have enrolled my child.

**Authorization for Medical Attention:** In the event the participant receives an injury requiring medical attention of any type, I hereby authorized Miami Township, 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. I also give Miami Township representatives permission to transport my child to the nearest medical/dental facility for emergency medical care, although this form does not authorize or guarantee treatment upon arrival at the designated facility, as each facility sets its own treatment procedures.

**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 authorized Miami Township to use my photograph or other image for any purpose without compensation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE THIS PART ONLY IF THE PARTICIPANT IS A MINOR**

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_