# Youth Police Academy

## Liability Release Form

**Note: This form MUST be notarized prior to submittal. This can be done on your own, or at the front desk of the police department.**

(Please Print or Type)

I, the undersigned, (Parent's Name)_____ residing at (Address) _____, County of Kane, State of Illinois, being the parent or legal guardian of (Participant's Name)_____, do hereby give my permission for him/her to attend the St. Charles Police Department's Youth Police Academy, and in consideration of allowing him/her to participate in the above mentioned program, voluntarily and knowingly release and discharge the Youth Police Academy, City of St. Charles, the St. Charles Police Department's employees, agents, successors, assigns and all others who may be liable from all claims, present and future, known or unknown, in any manner arising out of his/her participation in the Youth Police Academy. In consideration of all above as well as the supervision provided on my behalf and on behalf of (Participant's Name)_____. I hereby agree to hold the St. Charles Police Department, City of St. Charles employees, agents, successors, assigns, its agents and all others who may be liable, harmless for results of any decision it may make in connection with the care and treatment of (Participant's Name) _____. I agree that if the above mentioned participant's behavior is such that it endangers the welfare of the entire group, the St. Charles Police Department has my permission to send him/her home.

_____ _____

Signature of Parent or Guardian Date

_____

Address City Zip Code

_____ _____ _____

Home phone Work phone Cell phone

*Subscribed and sworn to before me this _____ day of _____, 20_____*

_____

*Notary Signature*

04/19