



## VIDEO AND PHOTO RELEASE

I understand that during the Rogers County Sheriff's Office Youth Cadet Academy and/or activity, my photograph and/or the photograph of my child may be taken by the Rogers County Sheriff's Office, producers, sponsors, organizers, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, digital photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Rogers County Sheriff's Office, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

## AUTHORIZATION TO TREAT A MINOR

I, the parent or the legal guardian, of the child listed in this waiver, do hear by authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license in its respective state of practice. I understand that this authorization is given in advance of any specific diagnosis's, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect until December 31 of the subject year.

## RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any program and/or activities of the Rogers County Sheriff's Office Youth Cadet Academy, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Rogers County Sheriff's Office Youth Cadet Programs and/or activities. I and my child hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of my or my child's participation in the Rogers County Sheriff's Office Youth Cadet Academy. I agree to indemnify and hold harmless from liability the Rogers County Sheriff's Office, it's member chapters and/or any of their agents, , servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in Rogers County Sheriff's Office Youth Cadet Academy and/or activities. The release is intended to discharge in advance the Rogers County Sheriff's Office, its member chapters and/or any of their agents, servants, or employees by reason again any accident, death, injury or damages to person or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with me or my child's participation in the Rogers County Sheriff's Office Youth Cadet Academy and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree all responsibility for any property damage or injury to any person caused by me or my child while participating in the Rogers County Sheriff's Office Youth Cadet Academy and/or activities.

I have read, and understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with restrictions listed), **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**.

X\_\_\_\_\_

PRINTED NAME OF PARTICIPANT OR MINOR CHILD

X\_\_\_\_\_

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR CHILD \_\_\_\_\_ DATE \_\_\_\_\_