

PERMISSION AND RELEASE FORM
RE: CHILD'S PARTICIPATION IN TOWN-SPONSORED ACTIVITY

2024 Franklin Police Leadership Camp
July 15-19, 2024

We/I, the parent(s) and/or legal guardian(s) of _____
hereby give permission for said child to participate in the 2024 Franklin Police Leadership
Camp.

We/I acknowledge that our/my child's participation in this activity is voluntary and is within the
discretion of the Town and, in consideration thereof, We/I hereby release the Town of Franklin,
its **POLICE DEPARTMENT**, and their employees from any and all claims which We/I or our/my
child _____ may have as a result of suffering personal injury
in any way arising from or related to participation in the above-described activity, resulting from
any act or omission of the Town of Franklin, its **POLICE DEPARTMENT**, and/or their
employee(s).

We/I on behalf of ourselves/myself and our/my above named child hereby expressly waive in
advance any and all rights to sue which We/I and/or our/my child may have against the Town
of Franklin, its **POLICE DEPARTMENT**, and/or their employee(s) to recover for any loss,
damage or expense of any type in any way arising from or related to said child's participation
in the above described activity.

We/I expressly agree to indemnify and hold harmless the Town of Franklin, its **POLICE
DEPARTMENT**, and their employees from any and all loss, damage, or expenses, including
court's costs and attorney's fees, which they or any of them suffer as the result of our/my
above named child or anyone on the child's behalf filing a civil action against the Town of
Franklin, its **POLICE DEPARTMENT**, or their employees, in any way arising from or related to
said child's participation in the above described activity at any time either prior or subsequent
to said child's eighteenth birthday.

Witness my/our hand(s) and seal(s) this _____ day of _____, 20____

NOTE: This is a legal document in which you agree to give up the right to sue the
Town of Franklin in the event your child is injured while participating in the above
described activity; if you do not understand the language or have any questions,
consult an attorney before signing.

Parent/Guardian Signature _____

Email Address _____

Please Print

Name: _____

Address: _____

Date of Birth _____ Entering Grade(circle) 6th 7th 8th

T-Shirt Size (**Adult sizes**): Please circle one

S M L XL

IN CASE OF EMERGENCY

Parent/Guardian _____

Home Phone _____

Cell Phone _____

Work Phone _____

Alternate Contact _____

Relationship to child _____

Home Phone _____

Cell Phone _____

Does the applicant have any medical conditions?
(i.e. diabetes, allergies) YES NO

If yes please explain _____

Is the applicant taking any medication? YES NO

If yes please list and explain _____

_____: Initialing here grants permission for my child's picture to be taken and
authorizes the Franklin Police to use and post any and all photographs as they
see fit, provided it is done for lawful purposes