



Teen Citizen Police Academy

Minor participation waiver

I am the parent or legal guardian of _____ . I have read this document, and I am signing it freely.

I understand by signing this document it releases the Miami County Sheriff's Office from all liability, therefore waiving our right to sue the Miami County Sheriff's Office and assuming all risks of his/her participation in the Miami County Sheriff's Teen Citizen Police Academy, including travel to and from the Miami County Sheriff's Teen Citizen Police Academy or any events incidental to the Miami County Sheriff's Teen Citizen Police Academy.

I understand he/she will possibly be subjected to sensitive, graphic and explicit content throughout the Miami County Sheriff's Teen Citizen Police Academy.

I allow _____ to participate in the Miami County Sheriff's Teen Police Academy. I understand that I am responsible for the obligations and acts of his/hers as described in this document. I agree to be bound by the terms of this document.

Participant (Student)

Date

Parent/ Legal Guardian

Date