

# STATE OF GEORGIA, COUNTY DOUGLAS

## COVENANT NOT TO SUE

For the consideration of my or my child's participation as a student in: Kid's Law Enforcement Academy 2024, as prescribed by Douglas County Sheriff's Office enter into the following covenant:

I do hereby agree not to sue the State of Georgia, Douglas County Government, Douglas County Sheriff's Office or their respected advisory boards, agents, employees, or assignees, for any reason arising from my/my child's participation in this course.

This Covenant Not To Sue shall be binding upon myself, my heirs, the administrator or executor of my estate or upon any other acting on behalf of myself or my estate. It is expressly understood that this covenant is entered into for the purpose of avoiding litigation and is a prerequisite to my participation in this course. The Covenant Not To Sue may be placed as a defense to any action or proceeding which may be brought, instituted, or taken by me, my heirs, the executors or administrators of my estate, or any others acting on my behalf.

I expressly assume the risk, including, but not limited to, the risk involved in any firearms training, defensive tactics training, etc. and responsibility, including, but not limited to, the financial responsibility, for any injury that I may receive while participating in this course. This Covenant Not To Sue shall cover, but not be limited to, acts of negligence, either by commission or omission, of any type, kind, or nature. \*\* No firearms training or defensive tactics training will take place\*\*

I hereby state that I am under no disability to contract and have read and understood the Covenant Not To Sue and have entered into it voluntarily.

This Covenant Not To Sue shall remain in effect during the inclusion dates of this course, but may be canceled by written notice, properly directed to and received by the Douglas County Sheriff's Office.

This Covenant Not To Sue is made and entered into this the \_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_. in the County of Carroll / Douglas Georgia.

---

Applicant Signature

## **MEDICAL RELEASE**

### **Medical/Insurance information**

Do you have medical insurance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital or Clinic: \_\_\_\_\_

Allergies for drugs or food: \_\_\_\_\_

Important medical information, special medications, or special instructions that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

List any restrictions to medical treatment:

\_\_\_\_\_

\_\_\_\_\_

### **MEDICAL RELEASE AND AUTHORIZATION CONSENTING TO TREATMENT OF MINOR:**

I/We, the undersigned, parent(s) or legal guardians of \_\_\_\_\_,

A minor, do hereby authorize the Douglas County Sheriff's Office or an authorized representative, as agent(s) for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care which is rendered under the general or specific supervision of any physician and/or surgeon licensed to practice medicine in the State of Georgia.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above-named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may seem advisable.

Father or Mother \_\_\_\_\_ Date \_\_\_\_\_

or

Guardian \_\_\_\_\_ Date \_\_\_\_\_

# **PARTICIPATION AGREEMENT**

## **TO PARENTS/GUARDIANS:**

The Douglas County Sheriff's Office is conducting programs which provide positive and constructive recreational and educational activities for your son or daughter. Each activity is designed to teach valuable life skills to its participants. The Douglas County Sheriff's Office staff and volunteers expect your child to act in a responsible and respectful way towards other participants and our officers, instructors, coaches and volunteers. Therefore, it is imperative that your child adheres to the safety policies we have set forth.

A positive attitude and respect for others are most important! The completion of this registration/application form gives the Douglas County Sheriff's Office permission to provide recreational and educational activities to the participant's whose name appears below.

**I further understand and acknowledge that parents or guardians will not be allowed to remain present during these activities. This is for the comfort and safety of all the children and families participating.**

## **TO THE PARTICIPANT (CHILD):**

You are responsible for appropriate behavior during the time you are participating in the Villa Rica Police Department Kid's Academy and other agency-sponsored events. In order to participate you must agree to the following:

1. I will maintain a positive attitude at all times.
2. I will dress appropriately during all activities (shirts and shoes are required at all times).
3. I will respect myself and others at all times. I will not say racist or prejudicial remarks.
4. **I will not use or have possession of any drugs, alcoholic beverage, tobacco or weapons of any kind.**
5. I will not use profanity, will not act physically or verbally abusive or become violent towards others.
6. I will RESPECT all equipment, supplies, and materials.
7. I will not play or sing music which has offensive lyrics.
8. I will not leave the scheduled activity until I notify all staff members present and after receiving permission from the staff member in charge.
9. I will be on time for all scheduled meetings and activities.
10. I will report any problems to the staff.
11. I will not sexually harass anyone EVER, and I will report any incidents of harassment of any kind.
12. I will follow ALL safety rules and instructions at all times.

Any violation of the aforementioned rules will result in corrective action being taken. We are looking for and encourage a positive experience for everyone, and it is the responsibility of the Douglas County Sheriff's Office staff to maintain a safe environment for our participants. Therefore we cannot allow the behavior of any individual to jeopardize the success and safety of our program. Corrective action protocol is as follows: oral reprimand > written reprimand > dismissal from our program. *Depending on the severity of the violation, a participant may be expelled from the Kid's Academy Program for any one single violation.*

I, \_\_\_\_\_ agree to be a responsible member of the Douglas County Sheriff's Office Kid's Academy Program. I will behave in a manner that promotes respect for others and their property. I have read and understand the rules for being a participant. I further understand that my participation privileges may be revoked at any time as a result of violating the aforementioned rules.

\_\_\_\_\_  
Participant/Child Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Douglas County Sheriff's Office  
Kid's Academy**

**Photo Release Form**

STANDARD PHOTO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize the Douglas County Sheriff's Office to publish photographs taken of me and/or the undersigned minor children, and our names, for use in the Douglas County Sheriff's Office printed publications, website and Facebook page.

I release the Douglas County Sheriff's Office from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Douglas County Sheriff's Office to use their photographs and names.

I acknowledge that since participation in publications and website produced by the Douglas County Sheriff's Office confers no rights of ownership whatsoever. I release the Douglas County Sheriff's Office its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print Name of Parent or Legal Guardian: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_