

**THOMASVILLE POLICE
JR. LAW ENFORCEMENT ACADEMY
ACCIDENT WAIVER FORM**

CADET'S NAME

DATE OF BIRTH

ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

List all physical/medical conditions, which may affect participation in any Jr. Law Academy activity.

List any medications the cadet is taking:

Family Doctor: _____

Address: _____

PARENTS/LEGAL GUARDIANS

I release the Thomasville Police Department and Jr. Law Enforcement Academy, from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting cadets to and from the program.

I authorize the Jr. Law Enforcement Academy leadership or EMS/Paramedic Service to transport the above named cadet to the nearest hospital in case of injury or suspected injury while the cadet is involved in any Jr. Law Enforcement Academy activity.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named cadet upon his/her arrival at the hospital.

PARENT'S SIGNATURE: _____

DATE: _____

NOTE: This form must be completed and signed before the above named cadet can participate in any Jr. Law Enforcement Academy activities.