PASADENA POLICE DEPARTMENT
JUNIOR PUBLIC SAFETY ACADEMY

VIDEO-PHOTO RELEASE

I understand that during the Pasadena Police Department Junior Public Safety Academy, my photograph and/or the photograph of my child may be taken by the City of Pasadena, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the City of Pasadena, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the child listed below, do hereby 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 the 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 to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, 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 can not be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect until 31 December of the subject year.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Pasadena Police Department Junior Public Safety Academy, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any programs and/or activities. My child and I 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 may hereafter accrue to me or my child, as a result of my child's participation in the Pasadena Police Department Junior Public Safety Academy and/or activities. I agree to indemnify and hold harmless from liability the City Of Pasadena, its council members and/or any of their agents, officers, 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 the Pasadena Police Department Junior Public Safety Academy and/or activity. This release is intended to discharge in advance the City of Pasadena, its council members, and/or any of their agents, officers, or employees by reason of any accident, death, injury or damages to persons 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 my or my child's participation in the Pasadena Police Department Junior Public Safety 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 to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Pasadena Police Department Junior Public Safety Academy and/or activity.

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

_____ _____
PARTICIPANT NAME **(PRINT)** DATE

_____ _____
PARTICIPANT SIGNATURE DATE

_____ _____
PARENT/GUARDIAN NAME **(PRINT)** DATE

_____ _____
PARENT/GUARDIAN SIGNATURE DATE