



**LINCOLN POLICE ACTIVITIES LEAGUE
Participant Waiver**

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City Zip

PHONE: (____) _____ **AGE:** _____ **Date of Birth:** _____

VIDEO-PHOTO RELEASE

I understand that during the California Police Activities League / Lincoln Police Activities League program and/or activity, my photograph and/or the photograph of my child may be taken by the California Police Activities League, 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 California Police Activities League, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

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 California Police Activities League / Lincoln Police Activities League and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any California Police Activities League / Lincoln Police Activities League programs and/or activities. I and my child 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 California Police Activities League / Lincoln Police Activities League program or activity. I agree to indemnify and hold harmless from liability the California Police Activities League / Lincoln Police Activities League, its member chapters and/or any of their agents, servants, 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 California Police Activities League / Lincoln Police Activities League program and/or activity. This release is intended to discharge in advance the California Police Activities League / Lincoln Police Activities League, its member chapters and/or any of their agents, servants, 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 California Police Activities League / Lincoln Police Activities League program 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 California Police Activities League program / Lincoln Police Activities League 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.

X _____
PRINT NAME OF PARTICIPATING CHILD DATE

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE