

FREEDOM TRAINING CONTINGENT
MASTER AT ARMS TRAINING 2017

APPROVAL & AGREEMENTS
PLEASE READ CAREFULLY

- 1. Participation Authorization:** I hereby grant permission for the child named on this form to participate in any or all of the programs sponsored by the Freedom Training Contingent. I understand that my child may be transported to other sites for additional activities during the course of their participation in the program and I agree to hold harmless the County of Fairfax, its employees and volunteers for injuries or damages resulting from my child's participation.
- 2. Emergency Treatment:** Freedom Training Contingent staff have permission, in the event that I cannot be reached in an emergency, at my expense to utilize the most convenient rescue squad, vehicle, or ambulance to transport my child to the nearest hospital.
- 3. Photographs:** By signing this form, I give permission for my child/myself to be photographed and /or videotaped by the County of Fairfax and public media, unless a separate request not to photograph is submitted. I understand that the photograph/video will be used to promote the Freedom Training Contingent and I give permission for that use.
- 4. Rules of Conduct:** I understand my child must comply with the rules defined by staff and maintain self-control and act responsibly while participating in the program.
- 5. Liability Waiver:** In consideration of the Police Department of the County of Fairfax, Virginia (hereinafter "Police Department") granting my child permission to attend the Freedom Training Contingent, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which my child might suffer, sustain, or cause while participating in the Freedom Training Contingent. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the County of Fairfax, the Police Department, officers, agents, or employees as a result of my child's voluntary participation in the Freedom Training Contingent, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part. I also understand that as part of the application process my child's criminal history and DMV record may be checked by the Fairfax County Police Department.

- 6. Approval:** I have read and understand the participation approvals and agreements and by my signature agree to its terms.

Signature of Participant: _____ **Date:** _____

Signature of Parent / Guardian: _____ **Date:** _____