
Albany Police Department Teen Police Academy

Emergency Authorization

For

Youth name

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to above child name whose health history appears on the reverse side if needed. The form may be photocopied for use during the program.

Signature of Parent

Date

Waiver of Civil Liability Teen Police Academy

Date_____

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the City of Albany, its officers, the Teen Police Academy, its officers and agents, as a result of my permission for my child's participation in the Teen Police Academy on the date and time specified. I further agree that my child may be photographed during this class as well as be interviewed by the media, and this may be published. We will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is voluntary and intelligent act on my part and my child.

Parent/Guardian Name_____

Dated this _____ day of _____ 2013