

Waiver, Liability Release and Emergency Contact Form

I **HEREBY** give permission for _____ to participate in the
(Childs name here)

IN CONSIDERATION OF The Women’s Leadership Kids Camp day. I
_____ the guardian of _____ allow
my child to participate in the activities of and understand that any injuries or any
that may occur the Albuquerque Police Department is not liable for. I allow the
managers, police officers, PSA’s and volunteers to care for my child during the
duration of the day. I will also let known any medical needs that my child may
have to prevent any medical episodes.

I FURTHER ACKNOWLEDGE that releases are not responsible for errors,
omissions, acts or failures to act of any party or entity conducting a specific event
or activity on behalf of releases. In the event that your child should require
medical care or treatment, I _____ guardian of _____
authorize Albuquerque Police Department to provide all emergency medical care
deemed necessary, including but not limited to, first aid, CPR, and use of AEDs,
emergency medical transport, and sharing of medical information with medical
personnel. I further agree to assume all costs involved and agree to be financially
responsible for any costs incurred as result of such treatment. I am aware and
understand that I should carry my own health insurance for my Child.

I FURTHER AGREE to indemnify, defend and hold harmless the releases against
any and all claims, suits, or actions of any kind whatsoever for liability, damages,
compensation or otherwise brought by me or anyone on my behalf, including
attorney’s fees and any related costs.

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS “WAIVER AND
RELEASE” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I
EXPRESSLY AGREE TO RELEASE AND DISCHARGE ALBUQUERQUE POLICE
DEPARTMENT AND ALL OF ITS AFFILIATES, MANAGERS, MEMEBERS, AGENTS,
ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTIVES, PREDECESSORS,
SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION**

AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST ALBUQUERQUE POLICE DEPARTMENT FOR INJURY OF MY CHILD OR PROPERTY DAMAGE. I UNDERSTAND THIS WAIVER SHALL REMAIN FOR THE DURATION OF THE EVENT AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact: _____

Contact Relationship: _____

Contact Phone Number: _____

Emergency Contact: _____

Contact Relationship: _____

Contact Phone Number: _____

Emergency Contact: _____

Contact Relationship: _____

Contact Phone Number: _____

Medical Information:

Primary care provider: _____

Insurance Company: _____

Allergies: _____

Other Medical needs: please list all that apply (inhalers, medicine ect.):

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I _____ UNDERSIGNED PARTICIPANT _____,

AND AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM

FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS

AGREEMENT, THAT I FULLY UNDERSTAND IT'S CONTENT AND THAT THIS

RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE

OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE

WILL.

Participant's Name: _____

Participants Address:

Parent or Guardian Signature: _____

Date: _____