

PARENTAL/GUARDIAN

WAIVER AND CONSENT

Name of Recruit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent/legal guardian of the participating cadet named above, I hereby give my full consent and approval for the participation of my son/daughter/dependent to participate in a trip to iPay America. This trip is to be held on **June 19, 2017** during the hours of **3:30pm-10:00pm**. Cadets will meet at Bergen County Jail and then be bused to **iPlay America located at 110 Schanck Rd. Freehold, NJ.** This will serve as our end of the year trip. There will be laser tag. Arcade games, amusement rides and go-karts. The admission to the indoor park will be paid for by the Bergen County Sheriff‘s Youth Leadership Academy, but all cadets are asked to pack a lunch or bring money to purchase food or additional gaming tickets.

 I understand that there are certain risks of injury inherent in this activity, as well as in traveling and other related activities incidental to my child/dependent’s participation, and I am willing to assume these risks on behalf of my child/dependent. I hereby certify that my child/dependent is fully capable of participating in the designated academy and that my child/dependent is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my, or my child’s/dependent’s participation, I do hereby waive, release and hold harmless ***The Bergen County Sheriff’s Office***, ***The County of Bergen***, its officers, volunteers and representatives for any injury that may be suffered by me, or my child/dependent, in the normal course of participation in the designated academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.)

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PARENT/GUARDIAN SIGNATURE***