



**RALEIGH POLICE DEPARTMENT  
PUBLIC SAFETY CADET PROGRAM UNIT**

**3374**

**Permission Form**



(Please Print)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Does your teen take or have any of the following (If yes please explain)?

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Anything other that we should be aware about before your teen participates in this program?

\_\_\_\_\_

In case of an Emergency (If parents cannot be reached) call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

**\*\*\* In order for your teen to participate in our activities, you must review and sign the Participation Agreement on back \*\*\***

**SPONSORED BY RALEIGH POLICE DEPARTMENT**

Non-Discrimination Policy: The Raleigh Police Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Raleigh Police Internal Affairs Unit or the Office of Equal Opportunities. U.S. Department of Interior, Washington, D.C., 20240.

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I acknowledge every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize the City of Raleigh Program Staff to seek appropriate medical (physician, dentist, nurse etc.) care for the above participant. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours will be given during the programs. I give permission for my child to be transported in vehicles provided by the City of Raleigh. Pictures may be taken of my child while participating in City activities and may be used for program publicity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

WHEREAS, the undersigned has requested the use of services, equipment, or facilities belonging to or under the auspices of the City of Raleigh, North Carolina, and to engage in activities for the executive benefit of the undersigned; and

WHEREAS, the City of Raleigh does not wish to be liable for any damages arising from the personal injury or property damage sustained thereby;

Now, therefore, in consideration of the mutual promises and other good and valuable consideration, the undersigned does hereby for himself, his heirs, executor, employers, successors or administrator, and personal representatives:

- A. Assume full responsibility for any personal injury or any damage to his/her personal property which may occur directly or indirectly in the course of Public Safety Cadet Unit 3374 events.
- B. Fully and forever release and discharge the City of Raleigh, its agents, officials and employees, from any and all claims, demands, damages, rights to action, or cause of action, present or future, resulting from or arising out of this activity.
- C. Agree that it is the intent of the undersigned that this release and indemnity agreement shall be in full force and effect any time after the execution hereof.

**Name of Participant:** \_\_\_\_\_

**Dated:**   **Date** \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Signature (of parent or guardian if under 18):** \_\_\_\_\_

**Address, City, State, and Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

WHEREAS, the Public Safety Cadet Unit 3374 Code of Ethics / Cadet Oath prohibits possession and/or use of alcoholic beverages and illegal drugs, and/or sexual interaction, or being present where individuals are partaking of any illegal substance or participating in sexual interaction, or any behavior that violates state or local laws, and

WHEREAS, the Public Safety Cadet Unit 3374 Code of Ethics / Cadet Oath demands that all members respect the property of others and the facilities in which the members visit.

We, the undersigned, have carefully read the foregoing release, know the contents thereof and sign it as our own free act. Any infraction of the above will necessitate the participant's parents being notified and participant being removed immediately upon discover. We understand that our child will be immediately transported to Longview School after being dismissed from the activity for violation of the aforementioned Code of Ethics.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print name)

**Signature:** \_\_\_\_\_ **Code #** \_\_\_\_\_

**\*This form must be notarized or signed in front of a law enforcement official\***