Contra Costa County Office of the Sheriff

2022 JUNIOR WOMEN'S ACADEMY APPLICATION

Please read and fill out completely (4 pages total)

APPLICANT NAME: _____

LAST FIRST MI

ADDRESS: _____

STREET CITY ZIP

DATE OF BIRTH (MM/DD/YYYY): _____ **DL#(if applicable):** _____

PHONE NUMBER: _____ **EMAIL:** _____

SCHOOL:_____ **GRADE 2022/2023 SCHOOL YEAR:**_____

T-SHIRT SIZE: S M L XL XXL

Dietary Restrictions/Allergies/Dietary Considerations: _____

PARENT/GUARDIAN: _____ **HOME PHONE #:**_____

ADDRESS: _____ **CELL/WORK PHONE #:** _____

EMERGENCY CONTACT: _____

NAME PHONE # RELATIONSHIP

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Contra Costa County Office of the Sheriff Junior Women's Academy, I hereby authorize the Contra Costa County Office of the Sheriff to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes presented at the Junior Women's Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining the eligibility of applicants for the Junior Women's Academy. All information is to remain confidential as required by state and federal statutes.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

RULES AND REGULATIONS

- **Students will not engage in any inappropriate conduct. This includes both criminal activity and any behavior that threatens or impedes on the participants' and staff's ability to participate in a safe/non-hostile environment.**
- **Students are expected to attend all classes. Excused absences will be handled on a case-by-case basis. Please notify the program coordinator of any planned absences before the start of the program.**
- **Tardiness will not be tolerated. Please inform the program coordinator of any day where tardiness may occur.**
- **Students must wear closed-toe shoes and comfortable clothing. The wearing of baggy clothing, sandals, and a display of offensive material will not be tolerated. Hats and sunscreen are highly recommended.**
- **Students will come to class prepared for scheduled lessons and bring all necessary materials.**
- **Expect to participate. Each student is expected to participate in discussions and activities.**
- **Failure to comply with any of these regulations may result in dismissal from the academy.**
- **Ear and eye protection must be worn when directed by an instructor.**

Participant Initials _____

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR THE CONTRA COSTA COUNTY OFFICE OF THE SHERIFF JUNIOR WOMEN'S ACADEMY

All participants, regardless of age, must read, understand, and sign this Waiver and Release Form. For participants under the age of 18, this form must also be read, understood, and signed by a parent or legal guardian.

Name of Participant: _____ Date of birth: _____

○ I am under 18 years of age ◉ I am 18 years of age or older

PARTICIPANT CONSENT

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages incurred by me, or which may hereafter occur to me, as a result of participation in said event. This release is intended to discharge in advance Contra Costa County, the Contra Costa County Office of the Sheriff, its officials, officers, employees, volunteers and agents from liability (collectively, the "Releasees"), even though that liability may arise out of negligence on the part of the Releasees. It is understood that some activities at the event involve, or may involve, an element of risk or danger of accidents and harm, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees. I further agree that if, despite this Release and Waiver of Liability Agreement, the Participant, or anyone on the Participant's behalf, makes a claim against one or several of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost that may incur as the result of such claim.

PARENTAL CONSENT (Complete if the applicant is under 18 years of age)

In consideration of the acceptance of my child's application for the above program, I give consent for my child, the Participant named above, to participate in the said event, and I execute the above liability waiver, release, and indemnification in my legal role as his or her parent or as the legal guardian, understanding that the waiver, release, indemnification and discharge set forth above will be binding upon my child, his or her parents or legal guardian(s), and on all heirs and assigns.

CONSENT FOR TREATMENT

I hereby give my consent to have the above Participant treated by emergency medical personnel, a physician, or a surgeon, in the case of sudden illness or injury while participating in the above event. It is understood that the Contra Costa County Office of the Sheriff and all the released parties will not pay medical costs either directly or through insurance, and that the cost of medical services will be at the Participant's expense or the expense of the Participant's parent(s) or legal guardian(s).

MEDIA RELEASE

I understand while participating in this activity, the Participant may be photographed. I agree to allow the Participant's photo, video, or film likeness to be used for any legitimate purpose by the Contra Costa County Office of the Sheriff, without compensation and without time limitation.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE. I HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

THIS RELEASE RELIEVES CONTRA COSTA COUNTY AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I ACKNOWLEDGE THAT I AM SIGNING THE RELEASE FREELY AND VOLUNTARILY, AND INTEND BY MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

_____	_____	_____
Parent/Guardian Signature	**Print Name**	**Date**
_____	_____	_____
Participant's Signature	**Print Name**	**Date**

To be completed by participant: In a paragraph, please tell us about yourself and why you would like to attend the junior women's academy.