



Tucson Police Explorer Post #180
APPROVAL OF PARENTS OR GUARDIANS

(For Explorers and guests under 18 years of age, participating in Explorer post trips and/or activities)
TO BE COMPLETED ANNUALLY

DATE: MM/DD/YYYY

Form fields for personal information: First name and middle initial, Last name, Address, Birth date (month/day/year), Additional address (need street address if you have a P.O. box), City, State, Zip Code, Area code and telephone no. (home), Area code and telephone no. (cell/msg)

Waiver of Claims

Any and all claims against Learning for Life, Tucson Police Explorer Post # 180, Tucson Police Department and the City of Tucson, or against the officers, employees, agents, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the participant named above or to his or her property, in connection with or incidental to the post trip or activity, including preliminary training and travel, are hereby expressly waived by the participant and the participant's family and/or guardians.

Photographs

Photographs of the listed participant are property of Tucson Police Explorer Post #180 and may be used by the post. Photographs may be posted on the Internet or used in printed media.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this post trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Form fields for medical information: Insurance company, Policy no., Personal physician, Area code and telephone no.

Parents or guardians must read this statement, before approving application.

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Explorer can meet the health and physical fitness requirements of the post trips and activities. I have read and understood ALL portions of this form.

Parent's/Guardian's PRINTED Name

In witness whereof, I have executed this request at on the day of . 20.

(Approving Parent/Guardian Signature)

Subscribed and sworn to me this day of 20.

Notary Public in and for said County and State