

Richmond Heights Police Dept.

27201 HIGHLAND ROAD
RICHMOND HEIGHTS, OHIO 44143-1429
Phone (216) 486-1234
Fax (216) 531-3534



THOMAS WETZEL, CLEE
CHIEF OF POLICE



Registration & Information

Student Information

Student Name: _____

Address: _____

Email Address: _____

Age: _____ Date of Birth: _____ Phone: _____

Primary Care Doctor: _____ Phone: _____

Current Medications: _____

Allergies/Medical Concerns: _____

Parent or Guardian Information

1. Name: _____ Phone: _____

Address: _____

Email Address: _____

2. Name: _____ Phone: _____

Address: _____

Email Address: _____

3. Additional Emergency Contact Name: _____

Address: _____

Phone Number: _____

Contract of expectations to be a member of Cop Scouts

1. Must ALWAYS be respectful to yourself
2. Must ALWAYS respect each other
3. Must ALWAYS respect your parents
4. Must ALWAYS respect your teachers
5. School work will ALWAYS come first
6. Must keep your grades up
7. Must be willing to help one another "TEAMWORK"
8. NEVER laugh at another but always laugh with them
9. NEVER use offensive language
10. ALWAYS respect another's cultural and/or religious beliefs
11. Always be with your "buddy"

Student Signature: _____

Date: _____

**CONSENT, ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR PARTICIPANTS IN
CITY OF RICHMOND HEIGHTS, DIVISION OF POLICE, "COP SCOUTS" PROGRAM**

AS A CONDITION OF AND IN CONSIDERATION OF participating in any and all activities associated with the City of Richmond Heights, Ohio, Division of Police, Cop Scouts Program (hereinafter referred to as "the Program"), this Consent, Assumption of Risk and Release of Liability is signed by me and undertaken by me as my own personal and voluntary decision and if I am a minor, also by my parent or legal guardian.

1. I/we understand and acknowledge that the City of Richmond Heights or its Division of Police (collectively referred to as the "City") does not require any person to participate in the Program, and that my election to participate is my personal and voluntary decision.

2. **I/WE EXPRESSLY ACKNOWLEDGE AND UNDERSTAND** that participating in the Program might be dangerous and could involve the risk of injury, permanent disability, damage to property and/or death. I affirm that I am aware of my physical condition and warrant and represent that I am fully able to participate in the Program and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit my participation in the Program.

3. **WAIVER OF LIABILITY.** I/we knowingly and freely assume all such risks associated with participating in the Program, both known and unknown, even if arising from negligence, and assume full responsibility for my participation. On behalf of myself, my heirs, assigns, personal representatives and next of kin, I/we hereby **RELEASE, DISCHARGE, COVENANT NOT TO SUE and HOLD HARMLESS** the City and its employees, officials, officers and agents (hereinafter referred to collectively as "Releasees") from any and all liability, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, that might arise from my participation in the Program, including but not limited to any and all injury, disability, death, loss of time, loss or damage to person or property or other side effects that may result from participation in the Program to the fullest extent permitted by law. The undersigned further expressly agrees that this Consent, Assumption of Risk and Release of Liability agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/WE HAVE READ THIS CONSENT, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY AGREEMENT, AND I/WE FULLY UNDERSTAND ITS TERMS. I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant (Signature)

(Date)

If Participant is a Minor (under age 18),
Print Name of Parent or Legal Guardian

Print Name of Participant

Signature of Parent or Legal Guardian
Date: _____

