



Benton County Sheriff's Office CITIZENS' ACADEMY AUTHORIZATION FOR PARTICIPATION OF MINOR

Applicants between the ages of 14 and 17-years-of-age may participate in the Benton County Sheriff's Office Citizens' Academy if they meet the following conditions:

- 1) Parent or legal guardian consents to minor participating in the program.
- 2) Parent or legal guardian applies for and attends the Academy *with* the minor.
- 3) Minor completes and signs the Citizens' Academy application and meets all requirements for all Citizens' Academy participants.

Parents or Guardians: If you would like your teen to participate in the Benton County Sheriff's Office Citizens' Academy, complete a Citizens' Academy Application for yourself, have your teen complete one, complete and sign this form and forward all three documents to the Benton County Sheriff's Office by the application deadline.

NAME of MINOR _____
(please print)

NAME OF PARENT OR LEGAL GUARDIAN: _____
(please print)

As parent or legal guardian of the above named minor I authorize the Benton County Sheriff's Office to conduct a criminal history check of the above named minor and understand that all available police and criminal records will be checked and that the information will be used to determine eligibility for participation.

Further, I give my permission for the above named minor to participate in all activities of the Benton County Sheriff's Office Citizens' Academy which the Sheriff's Office deems appropriate. While I understand that the Sheriff's Office will take prudent safety measures in conducting practical activities, I understand that there are always potential hazards. I therefore forever waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or related to the above named minor's participation in this program.

Additionally if medical assistance is required for the above named minor, I give my permission for the Benton County Sheriff's Office to arrange for such medical assistance and further I agree to pay any and all medical and emergency expenses incurred as a result.

I also give my full permission to the Benton County Sheriff's Office to use any photographs or videotapes of the above named minor participating in the Citizens' Academy to advertise or promote the Citizens' Academy and the Benton County Sheriff's Office.

I, _____, being the parent or legal guardian of the above named minor do hereby certify that I have carefully read and fully understand the above information and do hereby personally and on behalf of the above named minor accept and assert to his/her participation under the terms, stipulations, and conditions set forth above.

Signature: _____ Date: _____

Return this signed Authorization Form along with both completed Citizens' Academy Applications to:
Benton County Sheriff's Office, 180 NW 5th Street, Corvallis, OR 97330, ATTN: Citizens' Academy