



Benton County Sheriff's Office

Emergency Management/Search & Rescue

180 NW 5th Street, Corvallis, OR 97330

541.766.6864 FAX 541.766.6011

State Accredited since 2009



SEARCH & RESCUE (SAR) ACADEMY MINOR PARTICIPATION AUTHORIZATION FORM

Individuals between the ages of 16 and 17-years-of-age may participate in the Benton County Sheriff's Office SAR 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 SAR Academy with the minor.
3. Minor completes all SAR registration requirements.

LEGAL NAME OF MINOR:

LAST:	FIRST:	MIDDLE:
-------	--------	---------

LEGAL NAME OF PARENT OR GUARDIAN WHO WILL BE ACCOMPANYING THE MINOR:

LAST:	FIRST:	MIDDLE:
-------	--------	---------

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 SAR 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 Benton County from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills 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 administer emergency medical care and/or 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 SAR Academy to advertise or promote the SAR Academy and/or 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: _____

Print out and return this signed Authorization Form, along with all other registration materials and fees, to:
BENTON COUNTY SHERIFF'S OFFICE, ATTN: SAR COORDINATOR, 180 NW 5th Street, Corvallis, OR 97330