



# DuPont Police Department

## Participation Waiver & Medical Release

Participants Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Activity: Youth Academy Date of Activity: **August 19-20, 2025** Location: **City of DuPont E.O.C./Other**

In consideration of my application to be a participant in a voluntary activity named above (Activity) with DuPont Police Department (DPD) and/or The DuPont Fire Department (DFD) and/or the City of DuPont (City), I agree to all of the terms of this Participation Waiver & Medical Release. I understand that participating in any voluntary activity with DPD and/or DFD and/or the City involves risk.

- **Learning Environment:** I understand that participating in Activity learning environment involves some risk. I understand that during the Activity I will be moving from location to location and learning within multiple facilities, buildings and/or environments. Participation in the Activity involves risks and the potential of injury.
- **Active Participation:** I understand that part of my Activity experience with DPD and/or DFD and/or the City may include physically active, athletic or aerobic actions and movement. Participation in these activities may require rigorous exercise under conditions which may be dangerous. Injuries to a participant can occur in many foreseeable and unforeseeable ways. Injuries can occur as a result of, but not limited to: equipment failure; poor surface and/or field conditions; lack of proper supervision; and the negligence of other participants (including but not limited to teammates, opponents, spectators, or officiating personnel). Injuries may occur even if you, or other participants, are physically fit and obeying all rules, instructions and expectations of the activity.
- **Travel:** I understand that part of my activities with the City and/or DPD and/or DFD may include travel to or from event locations. These activities involve risk and the potential of injury. Every type of injury may occur. I am fully aware of the special dangers and risks inherent in participating in the activity.

I agree to accept responsibility for all implied risks and possible acts of negligence by other persons and/or agents, employees, officers or volunteers of the DPD and/or DFD and/or the City. I further agree that I shall advise the DPD and/or DFD of any physical/mental limitations or any medical conditions or any medication or any allergies prior to any activity. I agree to be fully responsible for my own property and equipment related to this activity. In consideration of my voluntary application and as a requirement to participate in this or any DPD and/or DFD and/or City activity, I hereby release and indemnify DPD, the DFD and the City including their agents, employees, officers, elected officials or volunteers of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered by DPD and/or DFD and/or the City. I also agree and consent to DPD and/or DFD and/or City employees, volunteers, officers or any medical providers to provide treatment, to me, for any illness, injury, or any other medical condition arising during the Activity, if I am unable to provide consent at the time. I agree to accept full responsibility for any and all costs, including but not limited to medical and legal fees, which may result from my participation and for any treatment for any injury sustained while taking part in the activity.

**Signing indicates the following:** I have read this waiver, release and indemnification agreement and understand its meaning. This release is intended to bind by heirs, representatives, successors, assigns and administrators.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Participant\*                      Date                      Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date                      Printed Name

**Being fully informed as to these risks, I hereby consent to the minor participating in the activity.**

\_\_\_\_\_  
Address    City                      State                      Zip

\_\_\_\_\_  
Mailing Address (if different)      City                      State                      Zip

Phone \_\_\_\_\_ Alternate \_\_\_\_\_ Email \_\_\_\_\_