



## **Photo, Video, Voice and Parent/Guardian Liability Release**

**Cadet Applicant Name:** \_\_\_\_\_

### **Photo, Video and Voice:**

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use of the above listed Cadet Applicants likeness for the publication, and for the broadcast of photographs, images, video / film or audio in any or all Pennsylvania State Police, Troop K Camp Cadet (hereinafter "Camp Cadet") publications, social media, periodicals, advertisements, purposes, or for dissemination to the general public. Without limitations or reservations, and with an understanding of the special precautions undertaken by Camp Cadet to insure confidentially, I knowingly and voluntarily, and for my heirs and administrators, do, release Camp Cadet, its directors, officers, agents, employees and members from any or all liability of every nature, and all claims or causes of action or claims including, but not limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation and disclosure of private facts. By signing below I hereby state that I understand the content and effect of the Release and cully consent.

### **Parent / Guardian Liability:**

We understand the Pennsylvania State Police, Troop K Camp Cadet (hereinafter "Camp Cadet") will accept my child to attend its camp on the basis that we agree to assume all risks which may arise from my child's participation in the camp and further that we provide release to Camp Cadet, its directors, officers, agents, employees and members. Therefore, with the intent to be legally bound, we consent to our child's participation in this unique program and assume all risks and responsibilities for claims of any nature or kind for and on behalf of my child by reason of participation the Camp Cadet program. Furthermore, with the intention to be legally bound, by signing below we hereby release Camp Cadet, its directors, officers, agents, employees and members, from and against any and all claims, liabilities, losses and expenses, including cost and counsel fees, which may ever be incurred, whether directly or indirectly as a result of any action or omission of my child, Camp Cadet, its directors, officers, agents, employees and members, arising from participation in the program, and from any claim which I may have against any party whatsoever.

**Photo/Video and Parent/Guardian Liability Release:** (By signing you agree to all information listed above)

**Parent/Guardian Signature** (First, Middle, Last): \_\_\_\_\_

**Parent/Guardian Name** (First, Middle, Last): \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM**



Cadet Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Physician (signing evaluation form): \_\_\_\_\_

Practice Name: \_\_\_\_\_

**Medications:**

\* Does Cadet Applicant take over-the-counter or prescribed medication(s) scheduled regularly or have "life Threat" allergy medication prescribed? \_\_\_\_\_

\* On the attached "Medication Administration Log-Scheduled":  
- if "Yes", list medication details, administration times and sign  
- if "No", place an "X" in the Not applicable section and sign

\* "As Needed" medications approved for the Cadet Applicant, to be administered by the Camp Nurse. If deemed necessary/appropriate, check all that apply:

- Acetaminophen (Tylenol)                       Antacid (Tums)                       Diphenhydramine-Antihistamine (Benadryl)
- Ibuprofen (Advil)                                       Antibiotic Ointment                       Other: \_\_\_\_\_

\* Regularly administered "As Needed" / "Over-the-Counter" medication or those not provided above must be supplied by Parent/Guardian at registration

\* All medications are held and administered by the Camp Nurse or their designee. Exceptions may be granted for asthma inhalers. All medicine must be in the original container and/or with the pharmacy label.

**General Health:**

I checked the Cadet Applicant for head lice, none were located

**\*\* If lice are detected during registration, the Cadet will not be able to participate \*\***

Other health or care related information that program staff should be aware of:

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\* Notice will be made in a timely manner if an emergency incident is incurred.  
 \* The undersigned Parent/Guardian hereby consents to/and grant permission, should the necessity of medical care arise, to the furnishings of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.  
 \* This will further certify that the undersigned, does hereby release and discharge the Pennsylvania State Police, Camp Cadet of Montgomery County, its officers, agents, instructors and employees from any and all claims, demands, damages, suits, actions which may, can or shall have by reason of any illness, injury or accident incurred or suffered by the above-named Cadet Applicant while traveling to, attendance at or participation in the Camp Cadet program.

Parent/Guardian Signature (First, Middle, Last): \_\_\_\_\_

Parent/Guardian Printed Name (First Middle, Last): \_\_\_\_\_

Date: \_\_\_\_\_

Cadet Applicant Name: \_\_\_\_\_



Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Allergies:** Yes No (if Yes, complete the following chart)

Type	Description	Treatment	Life Threatening (mark only if "Yes")
Food			
Plant			
Animal			
Insect			
Other			
Seasonal			

**Immunizations:** The last calendar YEAR the Cadet Applicant was immunized for:

Tetanus: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ Polio: \_\_\_\_\_

**Medical Conditions:**

- Epilepsy                       Heart Condition                       Diabetes                       Convulsions
- Lung Condition                       Hepatitis                       Fainting Spells                       Hypertension
- High Blood Pressure                       Bleeding Disorders                       Asthma                       Other: Explain Below

Explain: \_\_\_\_\_

Other health or care related information that program staff should be aware of:

- The Cadet applicant is physically able to participate in Camp Cadet, activities to include, water activities, competitive sports, physical activities and rigorous exercise **-OR-**
- The Cadet Applicant is **NOT** physically able to participate in one or more of the above-mentioned activities.

**Physical Evaluation MUST not be more than one year old. If it is more than one year old, a new evaluation will have to be completed prior to the start of camp.**

Date of evaluation: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**RETURN THIS FORM**

