

**COPS IN THE PARK**  
**August 20 – 23, 2018**  
**Times: 10:00 a.m. – 4:00 p.m.**  
**Elms Road Park**  
**Swartz Creek, MI 48473**

Please be prompt when picking up your camper at the end of each session

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**REGISTRATION FORM**

Camper's Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phones, home: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Distinguishing Features: \_\_\_\_\_  
Allergies? No \_\_\_ Yes \_\_\_ Please list: \_\_\_\_\_  
Any learning or physical accommodations required? No \_\_\_ Yes: \_\_\_ Please list:  
\_\_\_\_\_  
Attended previous Cops In The Park courses? Yes \_\_\_ No \_\_\_

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**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
Or  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents must sign their child out of camp each day.** If the child will be picked up by another person, parents must enter the name of the person responsible for checking out the camper on the sign-in sheet, indicating the person's name to release. *No camper will be released to anyone other than a parent or parent's designee.*

**RETURN COMPLETED APPLICATION TO THE METRO POLICE DEPARTMENT.**

METRO POLICE COPS IN THE PARK  
PARTICIPANT AGREEMENT/ ACKNOWLEDGEMENT AND RELEASE FORM

**PLEASE READ AGREEMENT CAREFULLY BEFORE SIGNING**

You, the undersigned Participant, have applied to participate in "Cops In The Park" which was developed for the Metro Police Department and conducted by the Metro Police Department (the "Sponsor"). You realize that the Cops In The Park program (the "Program") may include: exercises, use of safety equipment, walking, running, and lifting.

Participant is aware in signing this form that certain elements of the Program require participation and that not all hazards and dangers associated with the activities can be foreseen. Participant understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and other circumstances may exist in the Program's activities. Participant recognizes that it is impossible for the Sponsor(s) to guarantee absolute safety.

Participant understands and voluntarily assumes all risks, dangers and injuries associated with participation in this Program and agrees that neither the Sponsors nor their officers, directors, employees, agents or other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to the Participant in the absence of gross negligence imputable to the Sponsors. Participant further agrees to release, indemnify and hold the sponsor and their directors, officers, employees, agents and other representatives in any capacity, harmless from or for any claims, causes or action, liabilities or damages that may arise because of or in connection with participant's participation in the Program.

Participant expressly agrees to observe all the Program's safety regulations and directions as interpreted and enforced by the Program's activity leaders. Participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

Participant has read and understands this Participant Agreement/Acknowledgement and Release Form. Participant's signature(s) on this document is also intended to bind his/her/their heirs, representatives, administrators and assigns.

Participant assumes full responsibility for his/her health and certifies that he/she is free of, or will notify his/her instructors of, any medical, physical or emotional conditions which might create undue risk for Participant or others. Participant agrees to exercise good judgment regarding his/her health, safety, and well-being while participating in this Program. If for any reason Participant questions, his/her ability to participate in the activity, Participant will tell his/her instructor prior to participation.

**I FULLY UNDERSTAND THE NATURE OF THE PROGRAM ACTIVITIES. I GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HEREBY AUTHORIZE AT MY EXPENSE THE CALLING OF MEDICAL PERSONNEL TO PROVIDE WHATEVER EMERGENCY MEDICAL OR SURGICAL TREATMENT IS NECESSARY.**

I have signed this Form on behalf of the Participant listed below, and certify that I am the parent or legal guardian of Participant.

PARTICIPANT: (Print Name): \_\_\_\_\_

PARENT/LEGAL GUARDIAN: (Print Name): \_\_\_\_\_

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

WITNESS: (Print Name) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please Return Forms to the Metro Police Authority, 5420 Hill 23 Dr. by August 13<sup>th</sup>.**