**Maryland Department of State Police 1201 Reisterstown Road Reisterstown, Maryland 21208** 





## PARENT PERMISSION/WAIVER OF LIABILITY/PHOTO **RELEASE FORM**

### PARENT/GUARDIAN PERMISSION

The Maryland Department of State Police will be hosting the 2022 Leadership & Career Development Seminar from July 22 - 24, 2022 at the Maryland Department of State Police Academy in Sykesville, Maryland where your child will be a participant. While the Maryland Department of State Police will take all precautions to protect every child against injury the undersigned is aware that there are certain inherent risks when participating in any physical activity and there is always a possibility of an accident.

Parent/Guardian's Initials Parent/Guardian's Initials

# WAIVER OF LIABILITY

In consideration of the Maryland Department of State Police allowing my child to participate and be involved in the 2021 Youth Leadership & Law Enforcement Seminar and related activities, I, the undersigned, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, do hereby release, forever discharge and agree to hold harmless and indemnify the State of Maryland and Maryland Department of State Police, their agents and employees, from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the undersigned and/or the youth participant while involved in the 2022 Leadership & Career Development Seminar and related activities.

I, on behalf of myself and my minor child, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in the 2022 Leadership & Career Development Seminar and related activities involved therein.

#### I HAVE READ AND UNDERSTAND THE ABOVE WAIVER OF LIABILITY/HOLD HARMLESS CLAUSE, AND BY MY SIGNATURE BELOW, I AGREE TO THE TERMS AND GRANT MY CHILD PERMISSION TO PARTICIPATE.

Parent/Guardian's Initials

Parent/Guardian's Initials

**TRANSPORTATION PERMISSION/WAIVER:** I, the undersigned hereby give my permission for my child to participate in all related activities involved therein and to be transported by the Maryland Department of State Police as necessary. I, the undersigned agree to the same waivers and releases of liability as stated above and while being transported to and from activities involved therein.

# Maryland Department of State Police



1201 Reisterstown Road Reisterstown, Maryland 21208



Parent/Guardian's Initials \_\_\_\_\_\_ Initials \_\_\_\_\_ Parent/Guardian's

## PARENT PERMISSION/WAIVER OF LIABILITY/PHOTO RELEASE FORM

**PHOTO/IMAGE RELEASE:** I, the undersigned do grant the Maryland Department of State Police and its authorized representatives permission to utilize digital images, printed images, likeness and video recorded images (hereinafter "images") taken of my child, in Maryland Department of State Police publications, including, but not limited to, printed and electronic publications and publically accessible social media websites, for promotional, commercial or any other purpose, in any media whether now known or hereafter created without any additional consideration. I also understand and agree that the use of such images will be without compensation to my child or me.

Parent/Guardian's Initials	P	Parent/Guardian's Initials	
Participant's Name		Date of Birth:	
Address:			
City	State	Zip Code	
Participant's Signature		Date	
(Parent/Guardia	ın Signature <u>Required</u> if p	participant is under 18 years old.)	
Parent/Guardian's Signature_		Date	
Parent/Guardian's Printed Na	me		
Home telephone		Cell Phone Number	
Work Telephone			
Parent/Guardian's Signature_		Date	
Parent/Guardian's Printed Na	me		
Home telephone	Ce	ll Phone Number	
Work Telephone			