



## **Police Explorer Program Parental Permission Form and Release of All Claims**

Jacksonville Sheriff's Office

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Parents/Legal Guardians: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have any health issues that might be impacted by this program or that might impair their ability to participate? (Please note: You are not required to disclose details about your child's personal health information.)

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Is your child currently taking any medication(s) that might in any way affect their safe participation in the Police Explorer Program?

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### **Consent and Hold Harmless Agreement**

I do hereby give my consent for my above-named child to participate in the Jacksonville Sheriff's Office Police Explorer Program. By signing below, I am indicating that I understand and acknowledge that there is a risk of bodily injury or even death as a result of my child's participation in this program.

Furthermore, I do hereby release and agree, on behalf of myself and my child named herein, to hold harmless from liability for any and all claims, demands, damages, actions, causes of action, including any acts of **negligence**, or suits in equity, of whatsoever kind or nature, the City of Jacksonville, the Jacksonville Sheriff's Office, Florida State College at Jacksonville, their officers, employees, instructors, agents, or apparent agents and other participants in the program.

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**Information/Image Disclosure Consent**

By signing below, I do hereby give permission to the Jacksonville Sheriff's Office to use photographs and/or video images of my child for media coverage, or for any other use deemed appropriate by the Sheriff and/or FSCJ.

By initialing the spaces below, I specifically authorize the use and/or disclosure of the following information:

- My child's name and age (or my name and age)
- The names and ages of my family members
- The circumstances surrounding the release of my child's information
- General school or employment information that may relate to the Explorer Program
- My child's city, county or state of residence

These forms may be signed before either a Sheriff's Office representative OR a notary public, whichever is more convenient.

\_\_\_\_\_  
JJO Representative (Witness) Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
JJO Representative (Witness) Printed Name

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me personally appeared (*Please Print*) \_\_\_\_\_, who under oath states that he/she has read and fully understands the foregoing provisions.

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally known: \_\_\_\_\_ OR Provided Identification: \_\_\_\_\_

Type of Identification Provided: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notary Stamp: