



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.)

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

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.

JSO Representative (Witness) Signature

Parent/Legal Guardian Signature

JSO 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: