**Roanoke Police Department 3 week**

**Explorer Program Application & Waiver**

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

PARTICIPANT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR GUARDIAN NAME(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_ CHILD EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Participant will be in next school year. (Circle one) 7th  8th 9th 10th 11th 12th

Academy Date: June 12th – June 30st

Is Participant Passing All Classes or Maintaining Minimum 2.0 GPA? YES NO

*\* Home schooled will be required to produce proof documentation of passing grades.*

PARTICIPANT SHIRT SIZE: Child\_\_\_\_\_ or Adult \_\_\_\_\_

**PARTICIPANT RELEASE** - Please help us ensure your child's safety. Participants (under 16 years of age) enrolled in our program will be dismissed only to adults or siblings that you list below on this release form. Please understand that our staff may ask for photo identification of any individual who comes to pick up a participant. These precautions help keep your child safe while he/she is participating in our programs.

My child may be dismissed only to any of the following individuals:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT PRINTED NAME PARTICIPANT SIGNATURE

**EXPLORER PROGRAM WAIVER AND RELEASE**

The safety of Explorers is the department's top priority. Explorers and parents or guardians must understand that this program is dedicated to the future career of law enforcement which is considered to be a dangerous occupation. With that in mind, Explorers can expect to be exposed to but not limited to defensive tactics which are techniques for detaining, and even disabling other human beings, fast moving vehicles, bicycle riding, K-9s that have been trained to apprehend human beings as well as other situations and equipment that if misused can cause injury. Safety precautions will be taken during every event BUT these precautions rely on the Explorer to follow those precautions and the directions of the staff.

Any injury sustained during participation of the explorer program should be immediately reported to an advisor. A written report of the incident should be made as soon as possible

 For and in consideration of the above-named individual's participation in the above-identified activity/event, the parent(s) or legal guardian(s) of the participant and the undersigned waive, release and/or relinquish any and all claims, rights and causes of action including, but not limited to, claims or causes of actions for personal injury, property damage and/or wrongful death, arising out of the above-named individual's participation in the aforementioned activities/event, wherever or however they occur, and for such period said activities/event may continue. By signing this Agreement, all claims, rights, and causes of action that the participant or anyone claiming on behalf of or through participant may have hereby waived, released and/or relinquished, and the participant [or parent(s)/guardian(s)] does (do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

It is the purpose of this agreement to exempt, waive and release Releasees from any and all liability to the above-named participant or any individual or entity claiming by or on behalf of participant for personal injury, property damage, and wrongful death or any other claim, right or cause of action, even if such liability, claim or cause of action is the result of the alleged negligence, if any of Releasees. “Releasees” shall include City of Roanoke, Roanoke Police Department, Roanoke Fire Department, event hosts, Explorer Staff, other participants, special guests, City of Roanoke Employees, and their insurers.

In the event of any medical emergency, I authorize the Roanoke Police Department officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child for immediate care and agree that I will be responsible for payment of any and all medical services rendered.

 Roanoke Police Dept. & Explorer has created a facebook page. This page is to show the many activities we as a group have done. This page is being supervised by employees of the Police Dept. By signing this wavier you are giving consent to use pictures of you or your child on the Roanoke Police and Roanoke Police Explorer social media pages.

 Participant and/or participant's parent(s)/guardian(s) acknowledge that they understand and have read each of the above paragraphs and have not relied upon representations of Releasees, that they are fully advised of the potential dangers of the above-mentioned activity/event, that they are signing this document voluntarily and with full knowledge of their actions, and that participant and/or participant's parent(s)/guardian(s), have all legal authority to sign this Waiver and Release.

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 PARENT/GUARDIAN PRINTED NAME PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PARTICIPANT PRINTED NAME PARTICIPANT SIGNATURE

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

**EMERGENCY AND MEDICATION CONSENT FORM**

PARTICIPANT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE EVENT OF AN EMERGENCY REQUIRING MEDICAL TRANSPORT, I REQUEST MY CHILD BE TRANSPORTED TO THE NEAREST HOSPITAL (TO BE REASONABLY ACCOMMODATED):

My child has allergies: YES NO IF YES, LIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant permission to the Roanoke Police Department or affiliates to seek emergency medical treatment as deemed necessary by the representative thereof:

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 PARENT/GUARDIAN PRINTED NAME PARENT/GUARDIAN SIGNATURE

**ADDITIONAL PROGRAM INFORMATION**

The Roanoke Police Department is the sponsor of the Law Enforcement Explorer Program. Its purpose is to give young adults in grades 7th through 12th a realistic view of careers in Law Enforcement by interacting with and learning from the entire staff of the Roanoke Police Department. Explorers will receive instruction in all areas of law enforcement including Patrol, Traffic Enforcement, K9, Investigations, Court Proceedings, Communications and Administration. They will be introduced to patrol functions, vehicle operations, radio operations and other areas specific to the function of a law enforcement officer. Explorers will also be exposed to motivational and team building exercises that emphasize physical fitness, situational awareness, problem-solving and memory. There will be other activities including fishing, volleyball, bicycle riding, basketball, ect. The program will be a 3 week program. The program will start at 9 AM and continue until 2 PM (unless a special event is scheduled). Lunch will be provided every day for the participants. Participants will be allowed to miss 2 days from the Academy. Participants missing more than two day will be removed from the Academy. The Academy will be FREE of charge. The Roanoke Police Department will conduct one (1) Explorer Academy’s this year. The Academy will begin June 12th and end June 30th.

In order to participate or maintain eligibility, Explorers MUST:

1. Have passed the 6th grade and not be older than 18 years of age
2. Have successfully passed a background check
3. Be a resident of the City of Roanoke or attend Roanoke City Schools - This may be waived based upon space
4. Have documented proof of medical insurance
5. Sign a waiver of liability that includes the signature of their parent or guardian if under the age of 18
6. Not be on parole, probation, house arrest or have pending charges against them
7. Not be on school suspension or expulsion
8. Maintain a passing grade point average.

Selected participants will be contacted via the e-mail address provided. E-mail will be the preferred method of contact.

**\*\*Program space is limited to 20 participants. Selection will be based upon "first come, first serve" assuming the participant meets all eligibility requirements.\*\***

**For additional information contact Roanoke Police Departments School Resource Officer Division (334)863-2121 or email us at explorers@roanokealabama.org**

**Program Instructors: Sergeant Bernard Dean** **bdean@roanokealabama.org** **, Sergeant Shawn Watkins** **swatkins@roanokealabama.org****, Sergeant Jonathan Caldwell** **jcaldwell@roanokealabama.org**