



PARENTAL PERMISSION AND RESPONSIBILITY

I understand that the Liberty Police Department Junior Police Academy may accept my child to attend their Academy on the basis that I/WE have agreed to assume all risks arising from participation in said Academy. I/WE, the Parent/Guardian of _____, consent to his/her participation in this program and assume all risks and claims of damage of any nature or kind which my child could receive by reason of accident or injury while attending the Academy. The Academy staff and/or local hospital have my permission to treat the above child in the event of an emergency.

I support the policies, regulations, and aims of the activities of the Liberty Police Department Junior Police Academy/City of Liberty. I will talk to my child prior to attending the Academy and encourage them to take part in all activities, and to cooperate with the Academy staff and guest speakers.

I also understand that if my child's behavior violates any of the Academy's rules or intimidates other cadets, the Liberty Police Department Junior Police Academy reserves the right to dismiss said child.

I also understand that snacks will be provided throughout the day. No child will be allowed to leave the premises for lunch. Transportation to and from the academy is my responsibility.

Printed Name of Applicant: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



PHOTO / VIDEO RELEASE

For, and in consideration of, a copy of the photograph used, the undersigned, with intent to be legally bound, does hereby consent to the use and appropriation of his/her likeness in any **Liberty Police Department/ City of Liberty** broadcast, publication, demonstration, or display of photographs and or video/film recording of ***The Liberty Police Department/Liberty Junior Police Academy/ and the City of Liberty***. The undersigned recognizes that his/her likeness may be used in publications, periodicals, advertisements, promotional materials, commercials, or video presentations for dissemination to the general public. Without limitation or reservation, and with an understanding of the special precautions undertaken by ***Liberty Police Department/City of Liberty*** to ensure confidentiality, I knowingly, intentionally and voluntarily, and for my heirs and administrators and assigns, do, Generally Release ***Liberty Police Department and the City of Liberty***, its directors, officers, agents, employees, and members from any or all liability of every nature for the use or appropriation of my name or likeness. I further waive any and all claims or causes of action or claims including, but not to be limited to, defamation, false-light privacy, invasion of privacy, commercial misappropriation, and disclosure of private facts. I hereby state that I understand the content and effect of this Release and intending to be legally bound hereby, sign.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Printed Name of Applicant: _____



RECOMMENDATIONS

Each applicant is required to have two recommendations to attend the Liberty Junior Police Academy. Acceptable recommendations can be from the following:

- Your current school Principal/Administrator
- Your current school counselor
- A Teacher or other staff member of your school

1. Recommendation:

Name (printed): _____ Signature: _____
Phone Number: _____ Relationship to applicant: _____

2. Recommendation:

Name (printed): _____ Signature: _____
Phone Number: _____ Relationship to applicant: _____

Applicant Statement

Complete the following questions. Print NEATLY

- 1. Explain why you would like to attend the Liberty Police Department's Junior Police Academy.**

Printed Name of Applicant: _____
Signature of Applicant _____ Date: _____



Liberty Junior Police Academy

July 14th-18th, 2025

Due by May 12th, 2025

APPLICATION