**2022 KOSCIUSKO COUNTY LAW ENFORCEMENT CAMP HERO**

Applicants must be 8 to 13 years of age

**APPLICANT’S INFORMATION:**

NAME: Click or tap here to enter text. COUNTY: Click or tap here to enter text.

LAST FIRST Middle Initial

AGE: Choose an item. DATE OF BIRTH: Click or tap here to enter text.

MAILING ADDRESS: Click or tap here to enter text.

CITY: Click or tap here to enter text. ZIP CODE: Click or tap here to enter text.

SHIRT SIZE: (Please choose one) Children Sizes  S  M  L

Adult Sizes  S  M  L  XL  XXL

PARENT/GUARDIAN SIGNATURE: Click or tap here to enter text.

**PARENT OR GUARDIAN INFORMATION:**

NAME: Click or tap here to enter text.

RELATIONSHIP: Click or tap here to enter text.

MAILING ADDRESS: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

SECOND CONTACT NAME: Click or tap here to enter text.

RELATIONSHIP: Click or tap here to enter text.

SECOND CONTACT PHONE: Click or tap here to enter text.

**ALTERNATE EMERGENCY CONTACT INFORMATION:**

NAME: Click or tap here to enter text.

RELATIONSHIP: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

Please email the application to [sbucher@kcgov.com](mailto:sbucher@kcgov.com), Subject—Camp HERO Forms, or mail it to: KCSO Camp HERO, 221 W Main St., Warsaw, IN 46580

CAMPER’S NAME: Click or tap here to enter text.



KOSCIUSKO COUNTY SHERIFF’S OFFICE

Camp HERO 2022

**Notice and Acknowledgement**

**Simulated (Airsoft) Pistol Training**

The Kosciusko County Camp HERO is proud to provide simulated pistol training to the campers. Law enforcement uses simulated training because it provides the most realistic simulation training. This is not a video game, but a shooting range training experience. Campers will use law enforcement pistols (not toy guns or video game-style guns) with simulated training rounds (airsoft BB’s). Campers will be shooting at silhouette paper targets throughout the exercises. Campers will learn about proper handling and general gun safety.

By signing below, you acknowledge that you have read this Notice and Acknowledgement, have had all your questions related to this simulated training answered, understand that the Parent Consent and Release of all Liability remains in effect throughout the simulated training, and agree to your choice below for the camper to participate in or observe the simulated training. (Please check one.)

**YES**  **NO** (only observe the training)

PARENT/LEGAL GUARDIAN SIGNATURE: Click or tap here to enter text.

PARENT/LEGAL GUARDIAN PRINTED NAME: Click or tap here to enter text.

DATE OF SIGNATURE: Click or tap to enter a date.

Please email the application to [sbucher@kcgov.com](mailto:sbucher@kcgov.com), Subject—Camp HERO Forms, or mail it to: KCSO Camp HERO, 221 W Main St., Warsaw, IN 46580

**MEDICAL INFORMATION FOR CAMPER 2022**

**CAMPER NAME:** Click or tap here to enter text. **DATE:**Click or tap to enter a date.

**Identify all known allergies and current medications:**

Click or tap here to enter text.

**Identify any and all medical conditions that may hinder the camper’s participation in camp activities or of which the camp staff should be aware:**

Click or tap here to enter text.

**I hereby consent and give permission to the camp staff to provide non-emergency medical treatment. Camp staff has my permission to give my child (check all that apply, generic forms may be used):**

TylenolAdvilBenadrylIbuprofenTums

Other (please list)Click or tap here to enter text.

**Please answer each of these questions by checking YES or NO:**

**1. Have you had a fever in the last 24 hours?  YES  NO**

**2. Have you been exposed to any contagious disease,**

**including Covid-19, in the past 72 hours?  YES  NO**

**3. Do you have any bumps or bruises that we should**

**be aware of?  YES  NO**

**4. Do you have any medication to drop off?  YES  NO**

**If YES, please include instruction for dosage here:** Click or tap here to enter text.

**Parent Signature:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Please email completed form to:** [**sbucher@kcgov.com**](mailto:sbucher@kcgov.com)**: Subject—Camp HERO Forms, or mail it to: Camp HERO, 221 W. Main St., Warsaw, IN 46580**

**RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

This application is to be completed and signed by a custodial parent or legal guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court. Please check each box to show you have read the content and understand it.

I understand that the Kosciusko County Law Enforcement Camp HERO will be staffed by volunteers comprised of Indiana Sheriffs, Sheriff’s Deputies, Police Officers, Sheriff’s Department personnel, Reserve Deputies, Reserve Police Officers, Blue Barn Berry Farm & Event Venue personnel, and other volunteers (“Camp Staff”). I have fully read this application, including this Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement (the “Agreement”). I promise and agree on behalf of myself, my spouse, partner, or any other person with standing to sue on behalf of the Applicant that no claim will be made or suit brought arising out of or related in any way to the Kosciusko County Law Enforcement Camp HERO, Blue Barn Berry Farm & Event Venue, or the Applicant’s participation in it. I acknowledge that I know and appreciate the risks and dangers involved in the camp and have explained them to the Applicant. I and the Applicant agree that we are assuming all risks of injury, both known and unknown, now and in the future, which may include, but is not limited to, serious and permanent bodily injury or death as well as any other damage incident to the Applicant’s participation in the camp. Further, I do hereby release and forever discharge the Camp Staff, all Indiana Sheriffs Offices, and all volunteers, together with their representatives, agents, officers, employees, officials, and volunteers (collectively “the Releasees”), from any and all claims, demands, actions and causes of actions of any sort for any injuries sustained by the Applicant and from any damages to the Applicant and/or the Applicant’s property, including claims of negligence (“Released Claims”). I understand that camp activities include, but are not limited to, law enforcement displays, career-oriented classes, obstacle courses, tug-of-war, marching, and other recreational and sporting activities. I promise and agree to indemnify and hold harmless Releasees from any judgment, costs, and expenses, including medical expenses and attorneys’ fees (including the cost of responding to and defending against any Released Claims), related to any Released Claims. **Released Claims includes any and all personal injury or property damage caused by negligence.**

**Transportation Authorization:** I hereby give permission for Camp Staff to transport the Applicant to and from camp activities. I understand and agree that Released Claims includes claims related to transportation of the Applicant to and from camp activities.

**Medical and Emergency Authorization:** I hereby certify and affirm that the Applicant is in good physical health. I understand that if an injury or illness occurs to the Applicant, medical and/or hospital care will be given. I hereby consent and give permission to the Camp Staff to provide non-emergency medical treatment. I understand that in case of serious injury or illness, an attempt will be made to notify the parent or legal guardian from the information furnished on this form. If the parent or legal guardian cannot be reached, I hereby consent and give my permission for treatment or surgery, to be administered as recommended by the attending physician(s). I will be fully responsible for any costs of any medical treatment. I understand and agree that Released Claims includes claims related to medical and emergency care.

**Promotion Agreement and Photo Release:** I am aware that photographs or video may be taken of Kosciusko County Law Enforcement Camp HERO participants during various events and activities. These pictures may be taken by the Camp Staff, professional photographers, news media, other campers or their parents, friends, relatives, volunteers, or other people involved in or observing the camp. I hereby waive the right to see or approve any publications that contain photographs of me and/or the Applicant. I release the Releasees as identified above from any and all responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of me and/or the Applicant. I further give the Camp Staff and their representatives permission to use photographs or video that include me and/or the Applicant in any and all media products for promotion, art, advertising, editorial, or other purposes. This may include, but is not limited to, social media, Facebook, Twitter, newsletters, both printed and electronic, posters, brochures, ads, post cards, and web pages.

**Parent or Guardian Permission:** I hereby certify and affirm that I am legally authorized to release the Released Claims, **which includes claims for negligence**, and to sign and be bound by this Agreement to allow the Applicant to participate in the Kosciusko County Law Enforcement Camp HERO. I have read and understand all of the information in this application and Agreement. I have confirmed the accuracy of the emergency contact information provided in this Agreement. I acknowledge that the Kosciusko County Law Enforcement Camp HERO is a nonprofit organization and participation in the camp is completely voluntary. In consideration of the benefits to be derived by the Applicant, by signing below I hereby agree to the terms of this Agreement and give my consent and the permission for the Applicant to participate in the camp.

I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND REQUEST THAT THE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

Applicant’s Printed Name: Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Parent/Legal Guardian Printed Name Phone # Alternate Phone #

Parent/Legal Guardian Signature: Click or tap here to enter text.