CITY OF DELPHOS – Safety City
PARENTAL REGISTRATION / CONSENT FORM & LIABILITY WAIVER

I, (Print Name)_____, authorize my daughter/son (Print name) _____ to attend the upcoming self-esteem and personal empowerment safety education program offered by Delphos City Police at 901 Wildcat Ln, Delphos, Ohio 45833_____on _____/_____/_____.

My signature below hereby acknowledges:

That my son/daughter and I are aware of the physical nature and possible risks of injury involved in taking this realistic and practical course in personal safety. That he/she is physically fit to participate in this course, involving various physical techniques; we realize that such techniques cannot be successfully employed in every situation; and proficiency can only be achieved through continued practice, exercise of good judgment, and a person's natural ability.

I also understand that sensitive subject matter will be discussed and is in the Parent's Manual for my review.

On behalf of my child and any other parent or legal guardian, my signature releases The City of Delphos, Ohio and its officers, employees, officials, volunteers, and agents, Delphos City Schools, Delphos St. Johns, and all other sponsors and their officers, employees, officials, and agents, from all liability for any injury or damage of any nature or kind that occurs during participation in, or as a result of participation in, this program, and I agree to hold harmless and indemnify the same from any liability for injury or damage of any kind that may be incurred as a result of this course or use of its strategies.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

Signature _____
(Parent or Legal Guardian)

Date: _____

Telephone: _____

_____ The initialing of this also grants permission for my child's picture to be taken for the purpose of the graduation certificate and/or general media or press releases from the Delphos Safety City program.