

Comal County Sheriff's Office

Certifications and Release of Liability

I, the undersigned, certify that my child is at least (9) years old. I understand that falsification of any information on this form may disqualify my child from the program.

In consideration for the acceptance of my child's registration in the JUNIOR DEPUTY ACADEMY PROGRAM, I hereby release Comal County and the Comal County Sheriff's Office, and their agents, employees, officers, and servants from any and all damages and injuries which may occur while my child is in the Comal County Junior Deputy Academy Program. I certify that I have the legal authority to execute this release on behalf of my child.

PERMISSION TO ATTEND:

By signing this document I acknowledge that I have given my authorization for my child to attend the Junior Deputy Academy Program and travel to New Braunfels, Texas to tour the Comal County Sheriff's Office as described.

PERMISSION TO PHOTOGRAPH:

As part of the Junior Deputy Academy, a group photo of children will be taken to be placed in local newspapers. There may also be media coverage of the academy as well as video to be used by the Sheriff's Office. I authorize the photography of my child for this purpose.

Child's Name : _____

Parent or Guardian Signature: _____ Date: ____/____/20____

Printed Name of Parent or Guardian : _____