

VIRGINIA BEACH SHERIFF'S OFFICE
WAIVER & RELEASE OF CLAIMS AND PERMISSION SLIP
SHERIFF'S YOUTH FOOTBALL CAMP AT GREEN RUN HIGH SCHOOL

- **APPLICATION AND WAIVER** In exchange for me and/or my child(ren), _____ being allowed to participate in the SHERIFF'S YOUTH FOOTBALL CAMP scheduled for July 24-26, 2025 (or any continued date), at Green Run High School (the "Event"), which participation I hereby request, I hereby waive, release and forever discharge any and all claims, rights and causes of action against the Virginia Beach Sheriff's Office and all its officers, officials, employees, and agents for injury or damage caused or alleged to be caused as a result of me or my child's participation in the Event. I agree to this waiver and release for myself, my children, and for all my heirs, personal representatives, next of kin, and assigns. I hereby confirm that I am the parent or legal guardian of said child(ren).
- **TRANSPORTATION** I acknowledge and agree that it is my responsibility to provide transportation to and from the Event, and that my child(ren) will know the arrangements for getting home in a safe and timely way.
- **ASSUMPTION OF RISK** I understand and voluntarily assume all risks associated with my and my child's participation in the Event, including the possibility of accidental or other physical injury. This waiver and release of all claims and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and it shall be so interpreted. If any portion of this document is held invalid, the remainder shall continue in full force and effect.
- **PHOTOGRAPH/VIDEOGRAPHY** My signature also represents my authorization for the Virginia Beach Sheriff's Office to photograph or make video recordings of my child(ren) and the right to use said photograph(s) and/or video(s) and information in connection with publicizing or promoting the Virginia Beach Sheriff's Office.
- **MEDICAL CONSENT** I understand that the Virginia Beach Sheriff's Office will make every effort to contact me in case of an emergency. I give my permission for medical staff on-site to administer any medications needed in the event of an emergency and to provide/arrange for and consent to any necessary medical treatment for my child(ren) while at the camp, including on-site and off-site emergency care. I accept responsibility for the costs of all such medical treatment. If my child has any special medical needs that could affect emergency medical aid, I will identify them in an attachment to this waiver.
- **BEHAVIOR** This event is subject to a policy against fighting, bullying, cursing, rude or inappropriate behavior of any kind. If your child fails to comply with this policy, the child will not be allowed to participate in the Event, the parent/guardian will be contacted to come pick up the child.

I have carefully read and fully understand the meaning of this document. I agree to all the terms set forth herein.

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Emergency contact number: _____