



**YELLOW SPRINGS POLICE DEPARTMENT**

**SAFETY VILLAGE ENROLLMENT FORM**

Participant Name: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:    M            F            Non-Binary      Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Glasses:    Y            N      Race: \_\_\_\_\_      Date of Birth: \_\_\_\_\_      T-shirt size: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

## Village of Yellow Springs Safety Village

### Parent Release and Indemnification Agreement

I understand that the nature of this activity may involve certain dangers and risks for my child, and I voluntarily assume all risks of accident or injury arising out of my child's participation in the Village of Yellow Springs Safety Village. I hereby release and forever discharge the Village of Yellow Springs, and its respective employees, officers, agents, elected and appointed officials, donors, coordinators, and volunteers from any and all liability for personal injury, death, or property damage of any kind sustained in any manner arising from my child's participation in Yellow Springs Safety Village. I agree to indemnify and hold harmless the Village of Yellow Springs from any and all claims, liability, loss and expense, including but not limited to damages, legal expenses and costs of defense, and all claims of any nature whatsoever, in any manner, arising from my child's participation in Yellow Springs Safety Village.

### Photo Use Consent

Further, I hereby agree that any video or photographs taken of my child by the Village of Yellow Springs or their respective employees or agents are owned by the Village of Yellow Springs. I hereby grant to the Village of Yellow Springs and to such other persons or entities that may be designated from time to time, the absolute right and permission to use, without compensation, the likeness, voice, image and photograph of my minor child, in any manner and in any media for the purpose of promotion of the Village of Yellow Springs and its respective programs.

I have read and understand the Parent Release and Indemnification Agreement and the Photo Use Consent. My signature on this document is intended to bind not only myself and my child but also the successors, heirs, representatives, administrators, and assigns of myself and my child.

Participants under 18 years of age must have a parent or legal guardian sign for them.

Date: \_\_\_\_\_

Full Name of Participant (Printed) \_\_\_\_\_

Individual Executing Release: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Full name printed (if different from Participant)

Participant address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

E-Mail Address

### APPROVAL FOR FIELD TRIP

I give my permission for my child to participate in a bus ride and go to the fire station, and/or other locations throughout the village such as Gaunt Park, and Mill's Lawn.

Date: \_\_\_\_\_

Parent/ Guardian Signature : \_\_\_\_\_