117 W Central Avenue phone: 620-441-6601

 Arkansas City, KS 67005 fax: 620-442-1410

**Jim Holloway, Police Chief**

**FIELD TRIP LIABILITY WAIVER AND PARENTAL CONSENT FORM**

**Event:** DARE Camp Field Trip (Hurricane Harbor) Oklahoma City, OK
**Date of Trip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Location(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT INFORMATION**

**Child's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Parent/Guardian Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Emergency Contact (other than above):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Emergency Contact Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTIVITY DESCRIPTION**

The Arkansas City Police Department will be taking children participating in DARE Camp to Hurricane Harbor in Oklahoma City on Friday August 8th 2025. The event is designed for fun and engagement between youth and local law enforcement.

**RELEASE FROM LIABILITY & ACKNOWLEDGEMENT OF RISK**

I, the undersigned parent or legal guardian of the above-named minor, hereby consent to their participation in the Arkansas City Police Department's field trip.

I understand that participation in physical activities and water-related attractions carries a certain degree of risk, including the possibility of injury or, in rare cases, death. I acknowledge and accept these risks.

By signing below, I hereby release, waive, discharge, and hold harmless the City of Arkansas City, the Arkansas City Police Department, its officers, employees, volunteers, and representatives (collectively "the Releasees") from any and all liability, claims, demands, or causes of action that may arise from or relate to any injury, loss, or damage that may occur

to the participant while participating in the scheduled field trip, including travel to and from the event.

**MEDICAL AUTHORIZATION**

In the event of an emergency, I authorize the Arkansas City Police Department or its representatives to obtain and authorize medical treatment for the minor named above. I understand that all reasonable efforts will be made to contact me prior to such action. Parents shall be responsible for any costs incurred for medical expenses or treatment if necessary.

Any known allergies, medical conditions, or necessary medications:

Physician Name & Phone Number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO/VIDEO RELEASE**

I hereby grant permission for my child’s image, voice, or likeness to be photographed, recorded, or videotaped for use by the Arkansas City Police Department for promotional or educational purposes, unless I check the box below:

☐ I DO NOT consent to photo/video use.

**PARENT/GUARDIAN SIGNATURE**

By signing below, I confirm that I have read, understand, and agree to all terms outlined in this form.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_