



## Gibson County Sheriff's Office

Timothy Bottoms, Sheriff  
112 E. Emerson St.  
PRINCETON, IN 47670

**PHONES:**  
Sheriff's Office  
812-385-3496  
FAX  
812-385-2814

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The Indiana Sheriffs' Association Youth Leadership Camp will be held July 5-7, 2017 at Waycross Episcopal Camp in Morgantown, Indiana (Brown County).

The Indiana Sheriffs' Association Youth Leadership Camp is a program provided by the Indiana Sheriffs' Association for young men and women who are currently in the 8<sup>th</sup> grade and interested in learning more about law enforcement with a focus on leadership. The Camp provides a very meaningful experience for the participant, and bonds are formed with other campers from throughout the state, and with the Sheriff Deputies who serve as counselors and instructors. In past years, local businesses and civic organizations have provided the registration fee (\$25 per camper) to sponsor students attending the camp. Transportation will be provided. Applications are due at the Gibson County Sheriff's Office by June 15, 2017.

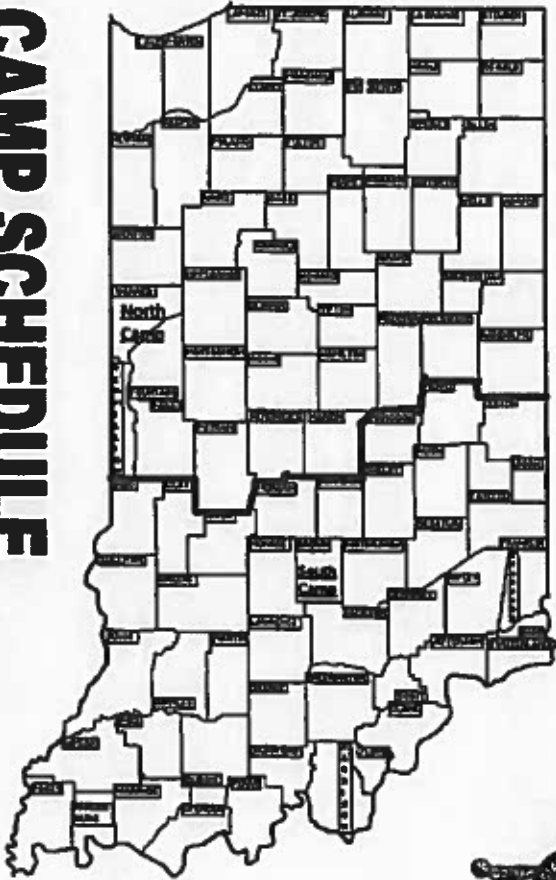
Deputies will be giving a presentation to all the 8<sup>th</sup> grade students about the camp and handing out registration information. Camp registration forms will also be available from the schools' office, at the Sheriff's Office, and online at [www.gibsoncountysheriff.com](http://www.gibsoncountysheriff.com).

Please contact Captain Deborah Borchelt, or Sergeants Bruce Vanoven or Roger Ballard with any questions about camp at 812-385-3496 or email [info@gibsoncountysheriff.com](mailto:info@gibsoncountysheriff.com), or message us on Facebook.

## 2017 INDIANA SHERIFFS' ASSOCIATION YOUTH LEADERSHIP CAMP APPLICATION

The Indiana Sheriffs' Association, a nonprofit organization, will sponsor and provide Youth Leadership Camps for students this year on the dates shown below. The camp staff will be comprised of Indiana sheriffs, sheriffs' deputies, department personnel, ISA staff, and other volunteers. The camp activities will include, but are not limited to, law enforcement related displays, career-oriented classes, leadership skills, obstacle courses, swimming, marching and other recreational and sporting activities. There will be opportunities for discussion and personal contact with some of Indiana's finest law enforcement officers.

### CAMP SCHEDULE



### **SOUTHERN SESSION** **July 5-7, 2017**

**Location – Waycross Episcopal Camp  
Morgantown, IN  
Brown County**

**Registration – July 5, 2017  
8:00 a.m. – 10:00 a.m.**

**Closing Ceremonies - July 7, 2017  
5:00 p.m.**

INFORMATION WILL BE FORWARDED TO EACH CAMPER WITHIN FIVE DAYS OF THE FIRST DAY OF CAMP



**A YOUTH LEADERSHIP ORIENTATION PROGRAM FOR INDIANA YOUTH**



(Campers are only permitted to attend this camp ONE time.)

**Applicant's Information:** Applicants must currently be in the 8<sup>th</sup> grade, entering the 9<sup>th</sup> grade in the Fall of 2017.

Name \_\_\_\_\_ County \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

I am currently in (check one):

I plan to attend the following session

\_\_\_\_\_ 8<sup>th</sup> Grade (entering 9<sup>th</sup> Grade in the Fall of 2017)

\_\_\_\_\_ South Session (July 5-7, 2017)

Applicant's Signature \_\_\_\_\_ Shirt Size: S M L XL XXL Male or Female  
(Adult Sizes) (Circle One)

**Parent or Guardian Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

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

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Alternate emergency contact information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

**Medical Information of Applicant:**

Identify all known allergies and current medications: \_\_\_\_\_

List Dosage amount and time to be given for each medication:

Identify any and all medical conditions that may hinder the applicant's participation in camp activities or of which the Camp Staff should be aware: \_\_\_\_\_

I hereby consent and give permission to the Camp Staff to provide non-emergency medical treatment. Camp Staff has my permission to give my child (circle all that apply, generic forms may be used):

Tylenol Advil Benadryl Ibuprofen Tums Other \_\_\_\_\_

Applicant's Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_ Date \_\_\_\_\_

For ISA use Only:  Paid  Entered  Info Mailed  Cert Printed (D)



## **RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

This application is to be completed and signed by a custodial parent or legal guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court.

I understand that the Indiana Sheriffs' Association's ("ISA") Youth Leadership Camps will be staffed by volunteers comprised of Indiana sheriffs, sheriffs' deputies, sheriffs' department personnel, ISA staff, and other volunteers ("Camp Staff"). I have fully read this application including this Release and Waiver of Liability and Assumption of Risk and Indemnity Agreement (the "Agreement"). I promise and agree on behalf of myself, my spouse, partner, or any other person with standing to sue on behalf of the above applicant that no claim will be made or suit brought arising out of or related in any way to the ISA's Youth Leadership Camp or the above applicant's participation in it. I acknowledge that I know and appreciate the risks and dangers involved in the Camp and have explained them to the applicant. I and the above applicant agree that we are assuming all risks of injury, both known and unknown, now and in the future, which may include, but is not limited to, serious and permanent bodily injury or death as well as any other damage incident to the applicant's participation in the Camp. Further, I do hereby release and forever discharge the Camp Staff, the Indiana Sheriffs' Association, Inc., all Indiana Sheriffs' Offices, and all volunteers together with their representatives, agents, officers, employees, officials, and volunteers (collectively "the Releasees") from any and all claims, demands, actions and causes of actions of any sort for any injuries sustained by the applicant and from any damages to the applicant and/or the applicant's property including claims of negligence ("Released Claims"). I understand that camp activities include, but are not limited to, law enforcement displays, career-oriented classes, obstacle courses, swimming, tug-of-war, marching and other recreational and sporting activities. I promise and agree to indemnify and hold harmless Releasees from any judgment, costs and expenses, including medical expenses and attorneys' fees (including the cost of responding to and defending against any Released Claims), related to any Released Claims. Released Claims includes any and all personal injury or property damage caused by negligence.

**Transportation Authorization:** I hereby give permission for Camp Staff to transport the above applicant to and from camp activities. I understand and agree that Released Claims includes claims related to transportation of the applicant to and from camp activities.

**Medical and Emergency Authorization:** I hereby certify and affirm that the above applicant is in good physical health. I understand that if injury or illness occurs to the applicant, medical and/or hospital care will be given. I hereby consent and give permission to the Camp Staff to provide non-emergency medical treatment. I understand that in case of serious injury or illness, an attempt will be made to notify the parent or legal guardian from the information furnished on this form. If the parent or legal guardian cannot be reached, I hereby consent and give my permission for treatment or surgery to be administered as recommended by the attending physician(s). I will be fully responsible for any costs of any medical treatment. I understand and agree that Released Claims includes claims related to medical and emergency care.

**Promotion Agreement and Photo Release:** I am aware that photographs or video may be taken of ISA's Youth Leadership Camp participants during various events and activities. These pictures may be taken by the Camp Staff, professional photographers, news media, other campers or their parents, friends, or relatives, volunteers, or other people involved in or observing the Camp. I hereby waive the right to see or approve any publications that contain photographs of me and/or the applicant. I release the Releasees as identified above from any and all responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of me and/or the applicant. I further give the Camp Staff, the ISA, and their representatives permission to use photographs or video that include me and/or the above applicant in any and all media products for promotion, art, advertising, editorial or other purposes. This may include, but is not limited to, social media, Facebook, Twitter, newsletters, both print and electronic, posters, brochures, ads, post cards, and web pages.

**Parent or Guardian Permission:** I hereby certify and affirm that I am legally authorized to release the Released Claims, which includes claims for negligence, and to sign and be bound by this Agreement to allow the applicant to participate in the ISA Youth Leadership Camp. I have read and understand all of the information in this application and Agreement. I have confirmed the accuracy of the emergency contact information provided in this application. I acknowledge that the ISA is a nonprofit organization and participation in the Camp is completely voluntary. In consideration of the benefits to be derived by the applicant, by signing below I hereby agree to the terms of this Agreement and give my consent and permission for the above applicant to participate in the Camp.

**I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.**

Applicant's Printed Name: \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

Parent/Legal Guardian Contact Phone No. \_\_\_\_\_ (Alternate Phone No.) \_\_\_\_\_

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

Camper's Name Printed: \_\_\_\_\_

## **NOTICE AND ACKNOWLEDGMENT SIMUNITION® PISTOL TRAINING**

The Indiana Sheriffs' Association (ISA) Leadership Camp is proud to provide Simunition® pistol training to its campers. Law enforcement uses Simunition® training because it provides the most realistic simulation training. This is not a video game but a shooting range training experience. Campers will use law enforcement pistols (not toy guns or video game style guns) with Simunition® training rounds (similar to a typical paintball round). The Simunition® cartridges used ensure that regular service rounds cannot be fired during training and allow for reduced pressure and reduced velocity. Campers will be shooting at blue silhouette paper targets throughout the exercises. Campers will learn about proper pistol handling and general gun safety.

By signing below, you acknowledge that you have read this Notice and Acknowledgment, have had all of your questions related to Simunition® training answered, understand that the Parent Consent and Release of All Liability remains in effect throughout Simunition® training, and agree to your camper participating in Simunition® training.

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

Parent/Legal Guardian's Printed Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_