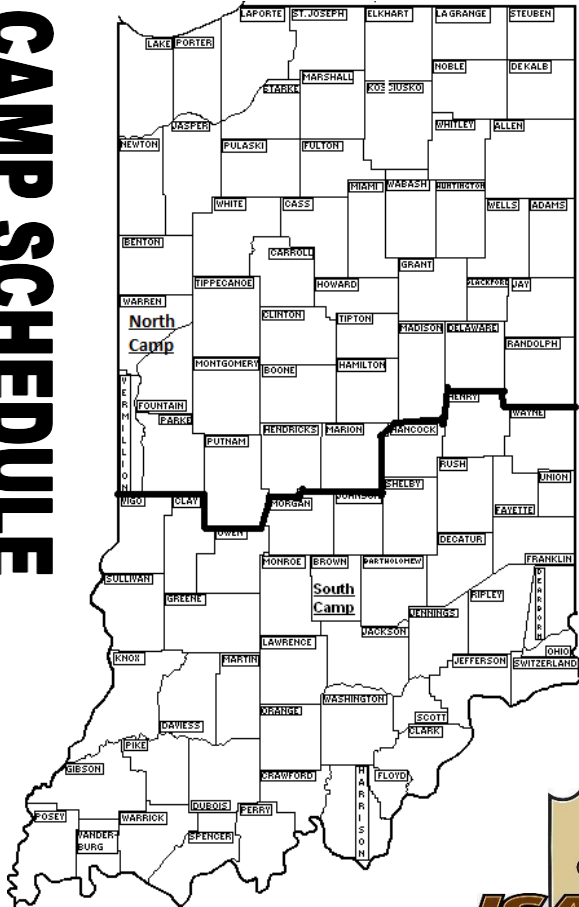


2023 INDIANA SHERIFFS' ASSOCIATION YOUTH LEADERSHIP CAMP APPLICATION

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, 2023

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

**Registration – July 5, 2023
8:00 a.m. – 10:00 a.m.**

**Closing Ceremonies – July 7, 2023
5:00 p.m.**

All times listed are in Eastern Time Zone



APPLICATION MUST BE SUBMITTED BY JUNE 1, 2023 TO:

Gibson County Sheriff's Office
Attn: Sgt. Fischer
112 E. Emerson St.
Princeton, IN 47670

INFORMATION WILL BE MAILED TO EACH CAMPER WITHIN 14 DAYS OF THE FIRST DAY OF CAMP TO INCLUDE A PACKING LIST



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 8th grade, entering the 9th grade in the Fall of 2023.

No exceptions. NO REPEAT CAMPERS.

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

_____ 8th Grade (entering 9th Grade in the Fall of 2023)

_____ South Session (July 5- July 7, 2023)

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: _____

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

Medication Name	Dosage	When to Take		Medication Name	Dosage	When to Take

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

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 Releases") 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, **Simunition® pistol training, Seat Belt Convincer Demonstration Device**, 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 Releases 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 Releases 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 AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT remain 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: _____

**NOTICE AND ACKNOWLEDGMENT
SEAT BELT CONVINCER DEMONSTRATION DEVICE**

The Indiana Sheriffs' Association (ISA) Leadership Camp is proud to provide a Seat Belt Convincer Demonstration Device to its campers. The Convincer is used as an educational tool, sharing with those taking part that 1) the Convincer simulates a 5-7mph crash; imagine the impact of a crash going 40mph or faster, 2) crashes are the leading cause of death among 15-20 year olds, 3) Seat belt use is the most effective method in preventing death or injury when involved in crash, and 4) statistically, half of the unbuckled Hoosier teens who die each year in a crash would survive if only they buckled up.

By signing below, you acknowledge that you have read this Notice and Acknowledgment, have had all of your questions related to the Seat Belt Convincer Demonstration Device training answered, understand that the Parent Consent and RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT remain in effect throughout the Seat Belt Convincer Demonstration Device training and agree to your camper participating in the Seat Belt Convincer Demonstration Device training.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian's Printed Name: _____

Date of Signature: _____