

Participant's Name \_\_\_\_\_ Class Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Participant's BirthDate \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Prioritize the following phone numbers.**

**Print all information CLEARLY.**

**ONLY** list persons authorized to pick up your participant in the event of an emergency.

1st Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**WAIVER OF LIABILITY & MEDICAL RELEASE**

*(Any medications necessary for your participant should be taken at home before the event.)*

**(NOTE: If the participant is over the age of 18, please enter SELF in the blank below and then sign under Parent/Guardian.)**

As parent or guardian of \_\_\_\_\_, I grant permission for my son/daughter to participate in the Westmoreland Public Safety Training Center program, and I authorize Westmoreland personnel to take appropriate action in the event of an emergency. Medical emergencies will be taken to the nearest hospital, and I understand that I am responsible for all costs incurred. I agree to release and hold Westmoreland and its directors, officers, trustees, employees and agents harmless from any and against all liability, loss, claims or actions for bodily injury and/or property damage in accordance with current state and federal law arising from participation in the Continuing Education program. I also understand that if my son/daughter becomes ill or engages in destructive behavior, the above Emergency Contact will be called to take my son/daughter home.

Please list allergies or other medical concerns below:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTATION ARRANGEMENTS**

Will someone other than a parent be picking up your participant?  Yes  No

If yes:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PHOTO AND/OR VIDEO RELEASE**

Occasionally, the campus photographer visits our programs. I hereby give Westmoreland permission to use photograph/video footage of my child for Westmoreland public relations purposes (flyers, brochures, web site, advertisements, etc.).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_