

Lexington Police Youth Academy

Accident Waiver Form & Release from All Liability

Participants Name _____
Date of Birth

Address _____
Telephone

City State Zipcode

Please list any and all physical/medical conditions that may affect participation in the physical activities of the Lexington Police Youth Academy.

List any medications participant is taking: _____

Family Doctor: _____ Telephone: _____
Address: _____

Parents/Legal Guardian

I, _____ release the Town of Lexington and all of its officers, employees, agents, and the Lexington Police Youth Academy from any and all liabilities or responsibilities pertaining to accidents, injuries, deaths, or complications resulting from activities, or while transporting participants to or from activities. I authorize the Lexington Police Youth Academy leadership to transport the above named participant to the nearest hospital in case of injury while the participant is involved in Youth Academy activities. I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

Photography and Video

During the course of the week in which your child participates in the Lexington Youth Camp. He or she may be photographed or recorded. Please initial below to indicate your understanding and authorization.

Initials: _____

Parents Signature _____ Date _____

Address _____ City _____ State _____

Telephone _____

NOTE: This form must be completed and signed before the named participant can be assigned to the program.

This form may be filled out online, but must be printed, signed and brought or mailed to:
Police Department
1575 Massachusetts Ave.
Lexington, MA 02420