



# Law Enforcement Career Camp

## August 4 – 10, 2018

Complete the applicant information, then print and have your parents and school complete their respective sections. This program is open to all male and female high school students 15-17 years old. Applicants must be of good moral character and present a well-groomed appearance. Hair must be neatly trimmed, longer hair contained. The Law Enforcement Career Camp is open to all regardless of race, color, religion, gender or nationality.

**\*If you have any criminal adjudications on your record, you are not eligible to participate in this camp.**

Express Application Form		
Name of Applicant		Applicant Cell Phone
Mailing Address		Polo Shirt Size Small    Med    Large    X-Large
Parent Name	Parent Email	Parent Phone
Do you have a Driver's License or Learner's Permit?	If so, what is the license or permit number?	* If you are a student driver, you will be required to turn in your keys to a staff member at check in.
Birthday	Applicant Signature	

**Parent Permission:**

My minor child is a legal resident of Oregon and has permission to attend Law Enforcement Career Camp. My minor child is in good physical and mental condition with exceptions noted and may participate in any indoor or outdoor activity. In case of emergency, The American Legion may secure treatment until they reach me. The American Legion may use his/her likeness (photo, video, audio) or share information gathered concerning his attendance for promotional purposes. I understand The American Legion will not pay any compensation or fees to promote its programs. My child understands the rules and agrees not to use tobacco products, illegal drugs including marijuana, liquor, firearms, or engage in other illegal activities during his week at the Law Enforcement Career Camp. I acknowledge that my child/children might be exposed to topics or language of an adult nature. I agree to carry medical insurance, which applies for the duration of the Law Enforcement Career Camp program. I will provide a list of all medications both over-the-counter and prescription to the Director upon arrival. I certify my son/daughter meets school certification requirements (below). Graduation requires him/her to attend the complete program. No refunds will be authorized for "no shows" or for a student leaving the program prior to its conclusion.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Liability:**

The applicant, being given the opportunity to use certain equipment and facilities of the Oregon Department of Standards and Training Academy during the American Legion Law Enforcement Career Camp assumes all risks and liability pertaining to any activity pursuant to the program or that may arise during his/her participation in said program and hereby releases from such liability, the American Legion, Department of Oregon, the Oregon State Police and the Oregon Department of Public Safety for Standards and Training (DPSST). Persons attending the American Legion Law Enforcement Career Camp are responsible for any medical bills, including transportation costs, associated with any injuries or illnesses incurred while participating in the training program. In the event of disciplinary action, parents or guardians will be notified and be responsible for picking up their child, if necessary.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant must write a brief statement of why they would like to be accepted into the American Legion Law Enforcement Career Camp:**

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To be completed by a school official	
<b>School Certification:</b> I hereby certify that the above-named student is in good academic standing, does not have a negative disciplinary record and will be between the ages of 15-17 years of age during the Law Enforcement Career Camp, August 4–10, 2018.	
School Name	School Location
Student Awards	School Activities
School Offices Held	
Printed School Official Name	
School Official Signature	Date

To be completed by the sponsoring American Legion Post AFTER the interview		
<b>American Legion Authorization:</b> This is to certify that a representative of our Post met with this Candidate personally and agrees that he/she meets all requirements for participation in the Law Enforcement Career Camp.		
Post Number	Commander or Chair Printed Name	
Commander or Chair Signature		Date
Address	City	Zip Code
Email	Home Phone	Cell Phone

**Application Submission & Fee Instructions:**

Applications will not be accepted before April 1<sup>st</sup>, 2018. This application and a Post check in the amount of \$250 must be received before June 30<sup>th</sup>, 2018. There is a \$50 fee that is the responsibility of the applicant. The applicant's \$50 check is to be given to the sponsoring Post. The sponsoring Post will pay the additional \$200 for a total of \$250. Please make the \$250 check out to American Legion Dept of Oregon with applicant's name in memo line and mail it with the application to American Legion Dept of Oregon PO Box 1730 Wilsonville, OR 97070. In the event the applicant is not accepted, the sponsorship fee will be returned to the provider.

**DEPARTMENT OF OREGON STATE POLICE  
OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING  
Law Enforcement Career Camp**

**LIABILITY WAIVER AND RELEASE FROM  
FEDERAL AND STATE CLAIMS**

**(ALL BLANKS MUST BE FILLED IN)**

**(Please Print Information)**

**Name (Hereafter referred to as Participant):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Activity/Date of Activity (Be specific):** Law Enforcement Career Camp, August 4 to 10, 2018 at the Oregon Department of Public Safety Standards and Training, 4190 Aumsville Highway, Salem, Oregon 97317.

**Participant understands and agrees to abide by the following rules:**

- My participation in this activity is voluntary.
- Follow safety and other instructions provided by the instructor.
- Share in the responsibility for my own safety and not endanger others who are participating in the activity.
- Operate and use equipment, tools and materials in a safe manner.
- Immediately report all defective equipment and/or unsafe acts and dangerous conditions to the instructor.
- Immediately report all injuries to instructor.
- Agree to refrain from use of alcohol or drugs when participating in activity.
- The State of Oregon, the Department of Oregon State Police and the Oregon Department of Public Safety Standards and Training are not responsible for any property damage, personal injury, death, or incidents that may arise from this educational opportunity.

**Participant acknowledges that he/she has the physical capacity reasonably necessary to engage in the above-described activity.**

**In case of emergency, accident or illness, Participant gives permission to be treated by a professional medical person and admitted to the hospital if necessary. Participant agrees to be the responsible party for all medical expenses incurred on his/her behalf.**

**READ CAREFULLY!!!**

**BY SIGNING THIS FORM, YOU ARE GIVING UP IMPORTANT LEGAL RIGHTS THAT YOU MAY HAVE IF YOU ARE INJURED OR YOUR PROPERTY IS DAMAGED DURING THIS ACTIVITY.**

I acknowledge that I am participating in this activity at my own risk. I understand there is a risk of injury in participating due to the inherent nature of the activity. By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

Knowing that the risk of possible property damage, personal injury, or death exists in participating in the activity listed above, I EXPRESSLY AGREE TO FOREVER WAIVE AND GIVE UP ALL CLAIMS, SUITS, ACTIONS, PROCEEDINGS, LOSSES, DAMAGES, LIABILITIES, AWARDS AND COSTS OF EVERY KIND AND DESCRIPTION, INCLUDING ANY AND ALL FEDERAL AND STATE CLAIMS, REASONABLE ATTORNEY'S FEES, AND EXPENSES AT TRIAL (COLLECTIVELY "CLAIMS") WHICH I HAVE OR MAY HAVE A RIGHT TO BRING AGAINST THE DEPARTMENT OF OREGON STATE POLICE, THE OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING, THE STATE OF OREGON, OR THEIR AGENTS, OFFICIALS, EMPLOYEES ARISING OUT OF OR RELATED TO MY PARTICIPATION AND PERFORMANCE OF THE ACTIVITIES, INCLUDING BUT NOT LIMITED TO CLAIMS FOR ANY PERSONAL INJURY, DEATH OR PROPERTY DAMAGE CAUSED BY ANY ALLEGED ACT, OMISSION, ERROR, FAULT, MISTAKE OR NEGLIGENCE OF THE DEPARTMENT OF OREGON STATE POLICE, THE OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING, THE STATE OF OREGON, AND THEIR OFFICERS, EMPLOYEES AND AGENTS.

**DEPARTMENT OF OREGON STATE POLICE  
OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING  
Law Enforcement Career Camp**

**LIABILITY WAIVER AND RELEASE FROM  
FEDERAL AND STATE CLAIMS**

(Continued – Page 2)

I further agree that the provisions of this **Liability Waiver and Release from Federal and State Claims** shall be effective and binding upon my heirs, executors, administrators, successors, assigns, beneficiaries, or delegates and shall inure to the benefit of the Department of Oregon State Police, the Oregon Department of Public Safety Standards and Training, the State of Oregon, and their officers, employees and agents.

By my signature and execution of this form, I acknowledge and agree that I have read this **Liability Waiver and Release from Federal and State Claims** and understand the rights and claims that I am giving up. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS, BENEFICIARIES, OR DELEGATEES, HEREBY RELEASE AND FOREVER DISCHARGE THE DEPARTMENT OF OREGON STATE POLICE, THE OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING, THE STATE OF OREGON, AND THEIR OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL DEMANDS AND CLAIMS, KNOWN OR UNKNOWN, THAT I HAVE OR MAY HAVE AGAINST THE DEPARTMENT OF OREGON STATE POLICE, THE OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING, THE STATE OF OREGON, AND ITS OFFICERS, AGENTS OR EMPLOYEES FOR ANY AND ALL HARM OR DAMAGE TO MY HEALTH OR PROPERTY IN ANY MANNER RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN AND PERFORMANCE OF ACTIVITIES ON PROPERTY OR VEHICLES OWNED OR LEASED BY THE STATE OF OREGON OR ON PROPERTY OF THIRD PARTIES.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN'S AUTHORIZATION FOR CONSENT TO AGREEMENT**

**READ CAREFULLY!!!**

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to perform, participate, and engage in the above listed activity. By my signature below, I hereby acknowledge that I have read, understand, and consent to this **Liability Waiver and Release from Federal and State Claims**.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Legal Guardian signature required if participant is under age 18 years.)



# Photograph & Video Release Form

## August 4-10, 2018

### OSP/DPSST/American Legion Law Enforcement Camp

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Marketing or Advertisements
- Presentations
- Social Media
- Web content

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a person under the age of 18, then the signature of that person's parent or legal guardian is ***also required***.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_