

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
DEPUTY EXPLORER PROGRAM

WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT
CONSENT FOR EMERGENCY MEDICAL SERVICES

(Age 14-17 Yrs.)

In consideration for allowing _____ (hereinafter referred to as minor) to participate in the Los Angeles County Sheriff's Department's Deputy Explorer Program.

I, _____ (parent or legal guardian of minor) acting on behalf of the minor, hereby waive, release, and discharge the County of Los Angeles, the Sheriff of the County of Los Angeles, and officers, agents, servants, employees or officials of Los Angeles County or the Los Angeles County Sheriff's Department for personal injury and/or property damage which may hereinafter occur to the minor as a result of the minor's participation in the Los Angeles County Sheriff's Department's Deputy Explorer Program.

The County of Los Angeles, the Sheriff of the County of Los Angeles, officers, agents, servants, employees or officials of the County of Los Angeles or the Los Angeles County Sheriff's Department, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense to the minor or me, or to my property or the minor's property, incurred while accompanying any member or members of the Los Angeles County Sheriff's Department during the performance of their official duties whether the damage, loss or expense occurs by reason of negligence, dangerous condition of public property or otherwise.

For myself, my heirs, executors, administrators, I agree to defend, indemnify and hold harmless the County of Los Angeles, the Sheriff of the County of Los Angeles, and officers, agents, servants, employees, or officials of the County of Los Angeles, against any and all manner of action, claims, cause of action, suits, debts, demands of damage or liabilities or expense of any kind and nature incurred or arising by reason of any actual or claimed act or omission of the minor, or injury sustained by minor, while participating in the Los Angeles County Sheriff's Department's Deputy Explorer Program. This includes claims brought by the minor on behalf of the minor.

In the event of sudden illness, accident or injury which may occur while said minor is participating in the Los Angeles County Sheriff's Department's Deputy Explorer Program, and neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent to any physician licensed in the State of California, pursuant to Civil Code Section 25.6, to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the Los Angeles County Sheriff's Department to give consent on behalf of the minor for such emergency medical treatment, as may be necessary.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____

Parent/Legal Guardian (print): _____

Parent/Legal Guardian (Signature): _____ Date: _____

