Clatsop County Sheriff's Office
1190 SE 19th St.
Warrenton, OR 97146

Medical Examiner Division
503-861-8833
edevisser@co.clatsop.or.us

CSI Forensic Science Camp Parental Consent Form

Student Name: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____

E-mail address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Information (if different from above)

First Name: _____ Last Name: _____

Address: _____

E-mail address: _____

Home Phone #: _____ Cell Phone #: _____

Please read and initial each section and sign and date the form on the final page.

Assumption of Risk, Waiver, and Release of Liability

I knowingly and voluntarily assume all risks associated with the above students' participation in the CSI Forensic Science Program (the 'Program'), including any related travel to and from any Program destination, events, or activities. In consideration for the above student being allowed to participate in the Program, I knowingly and voluntarily waive and release the Clatsop County Sheriff's Office (the "CCSO") from all present and future claims of any type for any harm or loss, including economic loss, personal injury, death, or property damage suffered by me and arising out of their participation in the Program. I agree to indemnify, hold harmless, and covenant not to sue the CCSO for any damages, personal injury, death, medical expenses, disability, lost wages, loss of capacity, property damage, court costs, attorney's fees, or any other loss of any kind. I acknowledge and agree that: (i) this ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIAIBLITY is intended to be as broad and inclusive as authorized under law, and (2) if any part of this ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY is deemed by a court to be invalid, the remaining provisions will continue in full force and effect.

_____ Initial Here

Student Name: _____

Health Care and Emergencies

I acknowledge that I have consulted with a physician regarding the student's health or medical needs, if any. I am aware of no health condition that precludes or restricts their participation in the Program. I understand that the CCSO does not provide medical or accident insurance for them and has advised me to obtain insurance. I authorize the CCSO to seek emergency medical, rescue, or evacuation services for the student should they become injured, ill, or incapacitated and lack the ability to make such decisions for themselves. I understand that the CCSO assumes no liability for seeking such aid on their behalf. I understand that I am financially responsible for any medical or other expenses incurred because of their illness, injury, or incapacitation. I agree to reimburse the CCSO for any such expenses incurred on their behalf. I further agree to release, hold harmless, and covenant not to sue the CCSO for any damages, injury, loss, expenses, disability, or death arising out of any emergency medical, rescue, or evacuation services that they receive.

_____ Initial Here

Photography

I understand that the CCSO may use this content at its sole discretion for its educational purposes in all forms of media, including social media. I understand that neither I nor the student have edit, inspection, or approval rights. I release, hold harmless, and covenant not to sue the CCSO for any claims that may arise out of the use of the student's name, image, voice, or likeness including but not limited to, any claims for defamation, invasion of privacy, or copyright infringement.

_____ Initial Here

Program Content

I understand that this Program will present topics related to criminal activities and investigations. Program materials may include images and case studies associated with homicides, suspicious deaths, and other violent crimes. I acknowledge that I can observe the program, although any and all activities will be performed by the student. I acknowledge that the Program materials are the property of the CCSO and will not distribute or share Program content in any capacity.

_____ Initial Here

By signing this document I acknowledge that I have read and understand the contents therein. I consent to the student attending the Clatsop County Sheriff's Office CSI Forensic Science Camp.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____