



Cayce Character Camp

Student Application

Student name: _____

Date of Birth: _____ Age: _____

Address: _____

Telephone: _____

Emergency Contact Number: _____

E-mail: _____

School/Organization: _____

List any medical conditions such as allergies that Cayce Character camp needs to be aware of: _____

Waiver and Release from Liability for the Cayce Character Camp program

I hereby forever **Release and Discharge** the Cayce Police Department, its employees and agents, from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries and damages arising out of my participation in the activities of the Cayce Character Camp Program.

I further agree that **I WILL NOT SUE OR MAKE A CLAIM** against the released parties for damages or other losses sustained as a result of my participation in the Cayce Character Camp program. I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgments, and costs including attorney's fees, incurred in connection with any action brought as a result of my participation in the Cayce Character Camp program.

Parent or Guardian Print and Date:

Parent or Guardian signature:
