



Chester County Department of Emergency Services

Public Safety Training Campus

137 Modena Road • Coatesville, PA 19320

www.chesco.org/DES • 610-344-4100



EMERGENCY MEDICAL AUTHORIZATION:

As parent or legal guardian of _____, I furthermore give permission to **Chester County Department of Emergency Services (CCDES)** and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above.

I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the county will exercise reasonable judgment in seeking medical treatment for my child.

Signature: _____

Date: _____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE JUNIOR PUBLIC SAFETY CAMP SPONSORED BY CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES (CCDES) and the CHESTER COUNTY PUBLIC SAFETY TRAINING CAMPUS

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS **CHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES (CCDES)**, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the County's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of **CCDES**, its officers, agents, volunteers, assistants or employees.

Signature: _____

Date: _____

Printed name: _____ Printed name of minor child(ren) _____

PHOTOGRAPH RELEASE

To more effectively promote programs and activities sponsored by the **Chester County Public Safety Training Campus (CCPSTC)**, the **Chester County Department of Emergency Services (CCDES)** seeks the permission of program and activity participants to photograph the participants and their child(ren) participating in county programs and activities. Please complete the following section:

I, _____, the parent or legal guardian of _____, permits **CCDES** to take and use photographs of me and/or my child(ren) for the purpose of promoting **CCPSTC** programs and activities. This includes permission to publish photographs of me and/or my child(ren) for such purpose as publicity, illustration, advertising, and Web content. I understand that such photographs of me and/or my child(ren) remain the property of **CCDES**.

Signature: _____

Date: _____