



POLICE DEPARTMENT
Kenneth J. Meuler, Chief of Police

EXPLORER POST #9911

SUBJECT: SPECIAL EVENT WAIVER

PARENTS COMPLETE THIS AREA IF EXPLORER IS UNDER 18

We/I, the undersigned, parent(s) or guardian(s) of _____, whose date of birth is _____ and resides at _____, grant our son / daughter permission to attend the _____ on _____, 20_____.

EXPLORERS WHO ARE OVER 18 – COMPLETE THIS AREA

As a legal adult with a date of birth of _____ and member of the West Bend Police Explorer Post, and presently residing at _____, I am granting myself permission to attend the _____ on _____, 20_____.

We/I am aware that the sponsors, the West Bend Police Department, the West Bend Police Explorer/Cadet Post #9911 and its members or volunteer/representatives DO NOT assume any responsibility for any injuries and/or damages or actions caused by misconduct incurred while on this excursion. We/I am aware that members of the West Bend Police Department will supervise this trip.

MEDICAL AUTHORIZATION

This permission waiver also allows any emergency medical treatment to the above names party if needed and allows medical personnel, Doctors, hospitals, and clinics to initiate treatment if necessary and to discuss the medical condition with the supervisor of the trip. If time allows, parents / guardians will be notified first.

_____	_____	_____
Print Name of Explorer	Signature of Explorer	Date
_____	_____	_____
Print Name of Parent / Guardian	Signature of Parent / Guardian	Date

Emergency Contact – Name and Phone Number of Whom to Contact in an Emergency