

HOLD HARMLESS AGREEMENT

I, _____, the parent/legal guardian of the minor child _____, do hereby agree to assume full responsibility for my child and do agree to indemnify, save, hold harmless, and defend the Caddo Parish Sheriff, Steve Prator, and all of his employees and agents, acting officially or otherwise, from any and all liability, claims, demands, actions, judgments, expenses, costs, interest, debts, and attorney's fees arising out of, claimed on account of, or in any manner predicated upon any injury, or loss of life of any person or damage to the property of any person or persons whatsoever, including my child, or any third party, which may occur resulting from the participation of my child in the Sheriff's C.S.I. Camp For Kids, titled: Caddo Parish Sheriff's Office C.S.I. Camp For Kids. The purpose of this camp is to teach children the basics of crime scene investigation.

It is agreed that participation in this camp is potentially dangerous, and I have been apprised of and understand the liabilities and hazards of participating in this event. I also believe that the benefit to my child exceeds any potential risk. It is further agreed that the undersigned, our successors, estates heirs, and assignees will refrain from holding the Caddo Parish Sheriff, Steve Prator, and his employees or agents responsible for any damage arising from loss of property, personal injury or death, loss of access to property, or other consequential damages as a result of participating in this program.

In an effort to keep the citizens of Caddo Parish informed of public safety-related initiatives promoting community participation in locally offered camps and programs, the Caddo Parish Sheriff's Office and Sheriff's Safety Town operate web sites/pages and utilize social media (i.e. Facebook, Twitter, etc.). I understand and agree that my/our child may be photographed or videoed and those images of my/our child may be used on the Caddo Parish Sheriff's Office and/or Sheriff's Safety Town websites and social media sites.

Child's Name (Please Print)

Child's Signature

Parent's/Guardian's Name (Please Print)

Parent's/Guardian's Signature

Date

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, if the parents/guardians or the emergency contacts named on the front of this form cannot be reached, the Caddo Parish Sheriff Office, Steve Prator, or his designee has my permission to transport my child _____ to the nearest medical facility for treatment.

Parent's/Guardian's Signature

Date