



ONTARIO POLICE DEPARTMENT

YOUTH ACADEMY

Student Application and Photo Release Form

Student Application

First Name _____ Last Name _____

Nickname (if applicable) _____ Age _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Email _____

Questionnaire

- Y N Are you committed to attending all six classes?
- Y N Are you willing to communicate and join in group discussions?
- Y N Are you willing to participate in scenario demonstrations?
- Y N Have you ever had a question for a police officer that you have not had the opportunity to ask?
- Y N Do you currently attend a high school in the City of Ontario?

Signature

Date

Parent Signature if under 18 years of age

Date

(OVER)

Authorization and Consent for Photograph and Publication

The undersigned hereby authorizes the release of photographs or videotaped footage to be used in such a manner as deemed appropriate for publication, internet publication or television transmission. The undersigned has entered into this agreement order to assist scientific treatment, educational, public relations, and charitable goals and hereby waives any right to compensation for such uses by reason of the foregoing authorizations. The undersigned and his successors or assigns hereby hold the above named school, police department and hospital and the attending staff and their successors and assigns harmless from and against any claim for injury or compensation resulting from activities authorized by this agreement.

The undersigned agrees the photograph may be used for purposes including, but not limited to, dissemination to staff, physicians, health professionals, and members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination may be accomplished in any manner.

The term "photograph" as used in the foregoing agreement, shall mean motion picture or still photography in any format, as well as videotape, videodisc, and other mechanical means of recording and reproducing images.

Name

Signature

Parent Signature if under 18 years of age

Parent Name

Date

Date

Relation