



12. School Attending: \_\_\_\_\_
13. Grade: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_
14. Are you a High School Graduate: Yes or No / G E D: Yes or No
15. T-Shirt Size: S M L XL XXL (circle size)

**If the following questions are answered yes, attach a sheet explaining the circumstances.  
List the year and state in which they occurred, and the disposition of the case.  
Put as much information as you can remember.**

16. Have you **ever** (as an adult or a juvenile) been arrested, detained, or questioned by law enforcement concerning a crime? Yes \_\_\_ No \_\_\_
17. Have your driving privileges **ever** been suspended, revoked or cancelled? Yes \_\_\_ No \_\_\_
18. Have you **ever** received (a) traffic citation(s)? Yes \_\_\_ No \_\_\_
19. Have you **ever** been a defendant or plaintiff in a civil action? Yes \_\_\_ No \_\_\_
20. Are you **now** using any illegal drugs? Yes \_\_\_ No \_\_\_  
If yes, what and how often? \_\_\_\_\_
21. Have you **ever** possessed, used or sold any amount of illegal drugs? Yes \_\_\_ No \_\_\_  
If yes, what drugs and when? \_\_\_\_\_
22. Do you drink alcohol (including beer and wine)? Yes \_\_\_ No \_\_\_  
If yes, how much and how often? \_\_\_\_\_



Describe any items checked:

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Describe any other medical problems that need to be known (possible knee problems, possible back problems, etc.)

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Do you wear glasses or contacts: \_\_\_\_ Yes \_\_\_\_ No (Circle which style)

Are you currently taking any medications? \_\_\_\_ Yes \_\_\_\_ No

If yes: What \_\_\_\_\_

How often \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home

Work

Cell

Pager

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

NCIC / DCI Check:

ACCEPTED / DENIED

DATE: \_\_\_\_\_

**GUILFORD COUNTY SHERIFF'S  
WAIVER AND RELEASE**  
(For participants under 18 YOA)

I, \_\_\_\_\_, ( please circle one - parent, guardian or custodian) of, (child's name), \_\_\_\_\_, for myself and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

1. I hereby waive for all parties noted above all claims, demands, actions, or causes of action, against the Guilford County Sheriff's Office ("GCSO"), Guilford Technical Community College (GTCC) and Sheriff's Youth Academy (SYA);, and each of their officers, agents, employees and representatives (all of the foregoing collectively referred to as "Releasees"), of whatever kind or nature, including but not limited to those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, to any of the following: (a) my membership in Sheriff's Youth Academy (SYA); (b) my participation in any activities related to Explorer Post 592 or the GCSO or Guilford Technical Community College (GTCC); (c) my participation in any activities related to Citizens Academy or the GCSO or Guilford Technical Community College (GTCC); (d) my presence at any location where activities related to Sheriff's Youth Academy (SYA); or the Guilford Technical Community College (GTCC) or GCSO take place; (e) my presence at any location occupied or controlled by the GCSO; (f) travel to or from activities related to Explorer Post Sheriff's Youth Academy (SYA); or the GCSO; and/or (g) any act or omission by any Releasee with respect to the control or supervision of Sheriff's Youth Academy (SYA);, its participants, or its supervisors. I further agree to never instigate any suit or action against any Releasee on any claim waived herein and to hold harmless Releasees from all such claims, including the costs of defense.
2. I acknowledge that photographs, films and recordings are sometimes made of the participants of Sheriff's Youth Academy (SYA); for pictures, news releases, and other documentary purposes. I hereby authorize the use of my image and voice to be used in any non-commercial manner by Releasees and by any radio, television, newspaper, or other media.
3. If this Waiver and Release were to be deemed unenforceable in any way, I acknowledge that it is the intent of the parties that it be enforced to the fullest extent legally permissible and that any provisions deemed unenforceable shall be severed and all remaining provisions enforced.

I have read the foregoing waiver and covenant and understand that it constitutes a formal legal document. By my signature I agree to abide by the conditions above.

I have read the foregoing waiver and covenant and understand that it constitutes a formal legal document. By my signature, I give consent for the above listed minor child to participate in the Explorer Post 592 or Guilford County Sheriffs' Academy.

Parent/Guardian/ Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

State of North Carolina,

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

**WARNING, LIABILITY RELEASE & ACKNOWLEDGEMENT  
and ASSUMPTION OF RISK UNDER AGE 18**

**FATS TRAINING / GTCC**

I, \_\_\_\_\_, understand that participation in the *FATS* training opportunity involves risks of injury and/or death. These risks include, but are not limited to: loss of eyesight, loss of hearing, cuts, bruises, and other injurious contact with weapons, tripping, falling, increases in heart rate and other unintentional or accidental occurrences.

By signing this form I acknowledge all risks of injury or death and affirm that I am willing to assume responsibility should injury or death result. I also agree to follow any and all safety instructions/recommendations, if applicable, during this training opportunity. Furthermore, in return for the opportunity to participate, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights to seek compensation from Guilford Technical Community College, their employees, agents or guest instructors for bodily injury or death that may result, and to release those parties from any liability for damages resulting from the injuries or death. I understand that no insurance coverage is provided by Guilford Technical Community College, its employees, agents or its guest instructors.

I also understand and acknowledge that nothing learned or acquired in this class can guarantee my personal safety.

**Signature of Participant/Parent:**

\_\_\_\_\_  
(Signature Participant)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature Parent)

Date: \_\_\_\_\_

**Witness:**

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_



12. School Attending: \_\_\_\_\_
13. Grade: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_
14. Are you a High School Graduate: Yes or No / G E D: Yes or No
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Describe any items checked:

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Describe any other medical problems that need to be known (possible knee problems, possible back problems, etc.)

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Are you currently taking any medications? \_\_\_\_ Yes \_\_\_\_ No

If yes: What \_\_\_\_\_

How often \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

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NCIC / DCI Check:

ACCEPTED / DENIED

DATE: \_\_\_\_\_

**GUILFORD COUNTY SHERIFF'S OFFICE  
WAIVER AND RELEASE  
(For Participants 18 YOA)**

I, (student name), \_\_\_\_\_ for myself and on behalf of my heirs, executors, administrators or assigns, hereby covenant and agree as follows:

1. I hereby waive for all parties noted above all claims, demands, actions, or causes of action, against the Guilford County Sheriff's Office ("GCSO"), Guilford Technical Community College (GTCC), Sheriffs Citizens Academy, Sheriffs' Volunteer in Police Services (VIPS), Guilford County Sheriff's Office Internship Program. and Sheriff's Youth Academy (SYA);, and each of their officers, agents, employees and representatives (all of the foregoing collectively referred to as "Releasees"), of whatever kind or nature, including but not limited to those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, to any of the following: (a) my membership in Sheriffs' Youth Academy (SYA); (b) my participation in any activities related to Explorer Post 592, or the GCSO or Guilford Technical Community College (GTCC); (c) my participation in any activities related to Citizens Academy, Volunteer in Police Services (VIPS), GCSO or Guilford Technical Community College (GTCC); (d) my presence at any location where activities related to Sheriffs' Youth Academy (SYA); Sheriffs' Citizens Academy; Volunteer in Police Services (VIPS) or the Guilford Technical Community College (GTCC) or GCSO take place; (e) my presence at any location occupied or controlled by the GCSO; (f) travel to or from activities related to Explorer Post, Sheriffs' Youth Academy (SYA), Sheriffs' Citizens Academy, Volunteer in Police Services (VIPS), Guilford County Sheriff's Office Internship Program; or the GCSO; and/or (g) any act or omission by any Releasee with respect to the control or supervision of Sheriffs' Youth Academy (SYA);, its participants, or its supervisors. I further agree to never instigate any suit or action against any Releasee on any claim waived herein and to hold harmless Releasees from all such claims, including the costs of defense.
2. I acknowledge that photographs, films and recordings are sometimes made of the participants of Sheriffs' Youth Academy (SYA), Sheriffs' Citizens Academy, Volunteer in Police Services (VIPS) and Explorer Post 592; for pictures, news releases, and other documentary purposes. I hereby authorize the use of my image and voice to be used in any non-commercial manner by Releasees and by any radio, television, newspaper, or other media.
3. I recognize that the GCSO may require background information from me and may perform background checks on me which may include, but are not necessarily limited to checks through the North Carolina Division of Criminal Information and the National Criminal Information Center and Credit Checks. I authorize the GCSO to obtain such information and to perform such background checks as it deems appropriate and I agree to provide such releases and information as may reasonably be requested of me to check my background. I acknowledge that participation in any Guilford County Sheriff's Office Program is not a right or entitlement and that participation may be denied at any time with or without cause.

4. If this Waiver and Release were to be deemed unenforceable in any way, I acknowledge that it is the intent of the parties that it be enforced to the fullest extent legally permissible and that any provisions deemed unenforceable shall be severed and all remaining provisions enforced.

I have read the foregoing waiver and covenant and understand that it constitutes a formal legal document. By my signature I agree to abide by the conditions above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

State of North Carolina,

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

**WARNING, LIABILITY RELEASE & ACKNOWLEDGEMENT  
and ASSUMPTION OF RISK  
(18 YOA)**

**FATS TRAINING / GTCC**

I, \_\_\_\_\_, understand that participation in the *FATS* training opportunity involves risks of injury and/or death. These risks include, but are not limited to: loss of eyesight, loss of hearing, cuts, bruises, and other injurious contact with weapons, tripping, falling, increases in heart rate and other unintentional or accidental occurrences.

By signing this form I acknowledge all risks of injury or death and affirm that I am willing to assume responsibility should injury or death result. I also agree to follow any and all safety instructions/recommendations, if applicable, during this training opportunity. Furthermore, in return for the opportunity to participate, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights to seek compensation from Guilford Technical Community College, their employees, agents or guest instructors for bodily injury or death that may result, and to release those parties from any liability for damages resulting from the injuries or death. I understand that no insurance coverage is provided by Guilford Technical Community College, its employees, agents or its guest instructors.

I also understand and acknowledge that nothing learned or acquired in this class can guarantee my personal safety.

**Signature of Participant:**

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Signature of Parent:**

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Witness:**

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_