



**SPECIAL EVENT WAIVER**

CADET UNIT #9911

**CADETS UNDER 18: PARENT / GUARDIAN TO COMPLETE THIS SECTION**

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\_\_\_\_\_.

**CADETS 18 AND OLDER: TO COMPLETE THIS SECTION**

As a legal adult with a date of birth of \_\_\_\_\_ and member of the West Bend Police Cadet Unit, 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 Cadets/Cadet Unit #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.**

_____	_____	_____
<i>Print Name of Cadet</i>	<i>Signature of Cadet</i>	<i>Date</i>
_____	_____	_____
<i>Print Name of Parent/Guardian</i>	<i>Signature of Parent/Guardian</i>	<i>Date</i>

\_\_\_\_\_

*Emergency Contact Name(s)*

\_\_\_\_\_

*Phone Number(s)*