



MEMBERSHIP APPLICATION

Use this packet to complete the Online Enrollment process

1. Before printing this document, you may type directly into each field. Once completed, print and sign where you see the yellow arrows.
2. Once signed, there are three ways to submit this document:
 - a. **Scan pages 6 and 7 together as one PDF document** and upload to your profile during the online enrollment process; OR
 - b. Email the scanned documents to: info@sacscip.org; OR
 - c. Mail or drop off pages 6 and 7 to:

Attention: SCIP Membership
2350 Northrop Avenue | Sacramento, CA 95825
3. If you have any questions regarding this document feel or the online enrollment process, please contact:
 - a. info@sacscip.org
 - b. 916.333.6464 ext. 2807

Agreement of Indemnity, Release of Liability, Assumption of Risks & Photo Release [Page 1 of 2]

Member Name	
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Agreement of Indemnity, Release of Liability, Assumption of Risk & Photo Release

As a condition of and in consideration of being permitted to enroll the above named child(ren) in the Sheriff's Community Impact Program, and/or any sponsored programs, you are strongly encouraged to read this form carefully and indicate your agreement by dating and signing the form on page 6 of this Membership Application.

ACKNOWLEDGEMENT OF RISKS OF ACTIVITIES

I acknowledge, realize, and am aware that my child(ren) will be participating in a variety of programs/activities. I understand that there are elements of risks in any activity associated with participation. These risks include, but are not limited to, falling, tripping, being hit by another child (such as in boxing, martial arts, rugby, etc.), operating machinery (such as woodworking tools, motorized vehicles, etc.), lifting weights, participating in para-military exercises such as marching, push-ups, etc., getting injured in a vehicle which is providing transportation, etc.

I also acknowledge and understand that although the Sheriff's Community Impact Program staff and volunteers may be present, those persons are not always able to prevent the possible injuries from risks that have been described above. Therefore, I agree as follows:

1. Release

As a condition of and in consideration for being permitted by the Sheriff's Community Impact Program to participate in the activities provided, I for myself and/or minor children for which I am a parent/legal guardian or otherwise responsible, any heirs, personal representatives, or assigns do hereby release, discharge, and covenant not to sue the Sheriff's Community Impact Program, its employees, principals, directors, officers, agents, volunteers, or anyone affiliated with the Sheriff's Community Impact Program, and each/every landowner, municipal and/or governmental agency, upon whose property an activity is conducted from all liability and waive any claim for damages arising from any cause whatsoever, except that which is the result of gross negligence.

2. Express Assumption of Risk and Responsibility

In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that my child is physically and mentally capable of participating in this activity and using the equipment. My child is participating willingly and voluntarily. I assume full responsibility for personal injury, accidents and/or illness, including, but not limited to, sprains, torn muscles, bites, wounds, scrapes, abrasions and/or contusions; head, neck and/or spinal injuries, bites or attacks by animals or insects, allergic reactions, shock, paralysis, coma or death, and any related expenses that are related to my child. I assume all responsibility for damage to or loss of my/our personal property as a result of any accident that may occur.

3. Hold Harmless/Assumption of Risks

I agree that I/we will indemnify and hold harmless the Sheriff's Community Impact Program, the County of Sacramento, and any affiliated organization, its representatives, its employees, principals, directors, officers, agents, volunteers, or anyone affiliated with the County of Sacramento and each and every landowner, municipal and/or governmental agency upon whose property and activity is conducted, from any loss, all liability and waive any claim for damages or costs arising for any cause whatsoever related to my child's participation, except that which is the result of gross negligence. I further expressly agree that this assumption of risk, release and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to be in full legal force and effect.

Agreement of Indemnity, Release of Liability, Assumption of Risks & Photo Release [Page 6]

Member Name

4. Photo Release

I grant to the Sheriff's Community Impact Program (SCIP), its representatives and employees, the right to take photographs and video footage of my child(ren) and my property in connection with SCIP activities. I authorize SCIP, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SCIP, its assigns and transferees, may use such photographs and/or video footage of my child(ren) with or without their name(s) and for any lawful purpose, including for example web sites, brochures, posters, fliers, and other printed materials, television, and school media, as publicity, illustration, advertising, and Web content. I understand I nor my child(ren) will not be compensated for such photographs and/or video footage.

OPT OUT: Primary Caregiver may restrict use of photos/video footage. Please indicate here how you would like to restrict SCIP'S use of such material: (Please place your initials below **ONLY** if you prefer to OPT OUT)

- All uses
- Web content maintained by SCIP (including Facebook, Twitter, etc.)
- Printed material (fliers, brochures, posters, etc.)
- Media (newspapers, television, etc.)

Agreement of Indemnity, Release of Liability, Assumption of Risks & Photo Release

I have read the Acknowledgement of Risk of Activities, Assumption of Risks and Responsibility, Release of Liability and Hold Harmless Agreement on page 2 and the Photo Release on page 3 of this Membership Application. I understand that by signing this document, I am waiving valuable legal rights and I do so voluntarily. I do so with the full understanding that the Sheriff's Community Impact Program, the County of Sacramento, and any municipal or governmental agency to which any activities are conducted, their employees, principals, directors, officers, agents, volunteers, are not to be held responsible for injuries that may occur to me and/or any child(ren) of mine except that which is conclusively determined to be the result of gross negligence.

By signing this as a Primary Caregiver, I hereby agree that I am duly authorized to do so on behalf of myself and on behalf of any other Primary Caregiver to the participating member(s) as named above.



Signature of Primary Caregiver _____ Date _____

Print Name of Primary Caregiver Signing this Page _____

Member Name

Medical Insurance Questionnaire (NOTE: Complete this form for each child enrolled)

1. Do you have medical insurance? Yes ___ No ___
 - a. If Yes, provide the following: Insurance Company Name _____
Policy Number _____
2. Preferred Hospital Clinic & Address _____
3. Physician's Name _____ Phone Number _____
4. Are there any allergies to medications? Yes ___ No ___ Indicate here _____
5. Are there any allergies to foods? Yes ___ No ___ Indicate here _____
6. Important Medical Information/Restrictions/Special Instructions for SCIP staff and/or Medical Personnel to know?
Yes ___ No ___ If yes, please indicate here:

7. Are there any previous injuries (such as a broken bone, etc.) SCIP staff should be aware of?
Yes ___ No ___ If yes, please describe _____

Medical Release (Authorization to Treat Minor)

I/We, the undersigned, Primary Caregiver of the above named member(s), a minor, do hereby authorize the staff of the Sheriff's Community Impact Program, or an authorized representative, as agent(s) for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care which is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of said physician or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may seem advisable.

Print Name of Primary Caregiver _____
Please indicate relationship to the child enrolled _____



Signature _____ Today's Date _____

Emergency Contact Information

The following information shall be used only after attempts to contact a Primary Caregiver have been exhausted.

Name of contact _____ Relationship to child _____
Phone number _____ Cell Number _____

Transportation Policy (Please read and sign your initials where required)

The Sheriff's Community Impact Program assumes no responsibility to transport member to and from programs, events, etc. It shall be assumed Primary Caregiver will make arrangements for transporting member.

I, _____ Primary Caregiver Initials
a Primary Caregiver, gives permission for said member to:
walk home ___ ride bike ___ take bus ___ be transported by another person other than Primary Caregiver ___

Please indicate whom _____ Primary Caregiver Initials