



**Torrance County Sheriff's Office
Junior Deputy Application**

Jr. Deputy Name: _____

Date of Birth: _____ Age: _____

Physical Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s): _____

Individual(s) allowed to pick up child: _____

Parent(s) Guardian(s) Contact #(s):

Home _____ Cell: _____ Cell: _____

Email Address: _____

For Sheriff's Office Use ONLY:

Date Received: _____

Returning Jr. Deputy []

Ride-A-Long Waiver [] Yes [] No

New Jr. Deputy []

Application Complete [] Yes [] No

Medical Waiver [] Yes [] No

TCSO Personnel Signature: _____



Ride-Along With Torrance County Sheriff's Office Waiver and Release

LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)

THIS IS A RELEASE OF LEGAL RIGHTS — READ AND UNDERSTAND BEFORE SIGNING

I hereby certify that I am the adult parent or guardian of _____, a minor child under the age of eighteen years, and I consent to his/her participation in recreational activities with the Torrance County Sheriff's Office Junior Deputy Program, located within Torrance County. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of said minor child's participation in recreational activities and transportation in a Torrance County vehicle, with the Torrance County Sheriff's Office. I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she is capable of. I understand that the Torrance County Sheriff's Office shall have no responsibility to pay for medical treatment and related costs if said minor child is injured.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's participation in the Torrance County Sheriff's Office Junior Deputy Program. To the fullest extent allowed by law, I hold harmless and agree to indemnify the Torrance County Sheriff's Office, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation in recreational activities with the Torrance County Sheriff's Office Junior Deputy Program, resulting from any cause whatsoever, and regardless of fault. I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document.

Guardian Name: _____

Guardian Signature: _____

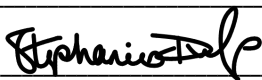
Junior Deputy Name: _____ Age: _____

Junior Deputy Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Authorized Torrance County Sheriff's Office Personnel Name: STEPHANIE DUNLAP

Authorized Torrance County Sheriff's Office Personnel Signature: 

Date: _____

Torrance County Sheriff's Office
205 9th Street PO Box 498
Estancia, NM 87016
Phone: (505)544-4900 Fax: (505)384-1277

Participants in the Torrance County Sheriff's Office Program Events are sometimes photographed and videotaped for promotional and educational materials. I authorize, Torrance County Sheriff's Office to record and photograph the image and/or voice of my child for the use by Torrance County Sheriff's Office or it's assignees in research, educational and promotional programs. I understand and agree that these audio, video, film, digital and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner, without payment of fees, in perpetuity. If you **DO NOT** consent to media release, please initial this line _____.

Medical Emergency Contact Information

Name: _____
Relationship: _____
Phone: _____
Alternative #: _____

Name: _____
Relationship: _____
Phone: _____
Alternative #: _____

Physician & Insurance Policy Information

This Member is covered by health insurance Yes No

Insurance Company: _____
Policy Holder's Name: _____
Physician Name: _____

Policy/Plan #: _____
Relationship to Participant: _____
Physician Phone: _____

Health Information

****Please indicate if the youth has any of the following medical conditions (please check all that apply)****

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diabetes/Hypoglycemia |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Stomach/Intestinal |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Convulsion/Seizures | <input type="checkbox"/> Heart/Cardio Vascular |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Emotional/Mental Disorders |
| <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Eye/Ear/Nose/Throat | <input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries |
| <input type="checkbox"/> Other Condition(s) Please Specify: _____ | | |

Allergies or Reactions (Check all that apply)

- | | | | | | |
|---|-------------------------------------|--------------------------------|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Insect Bites/Stings |
| <input type="checkbox"/> Ivey/Oak/Sumac | | | | | |
| <input type="checkbox"/> other (please list): _____ | | | | | |

Please list any medications (prescriptions or non-prescriptions) the youth is currently taking: _____

Release of Liability and Medical Authorization

The health history/special accommodation needs provided is correct and complete to my knowledge. I understand that should information change throughout the course of the program, I am responsible for updating this information and providing a revised form to the Torrance County Sheriff's Office in a minimum of two (2) days prior to any ongoing/upcoming events, injury or other medical condition occurs or arises. I hereby give permission to the designated Torrance County Sheriff's Office Program Representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided. I hereby release Torrance County, New Mexico, and any/all of their employees, volunteers, supervisors and the owners or operators of any property where the activity may take place, from liability in the events of illness, injuries or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

Junior Deputy (Signature)

Date

Parent/Guardia Signature (Must be signed by Parent or Guardian)

Date