



CITY OF LAUREL POLICE DEPARTMENT

811 Fifth Street, Laurel, Maryland 20707 • Phone (301) 498-0092 • Fax (301) 498-8003

COPS CAMP CONTRACT

Name of Camper: _____

Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian: _____

Daytime/Cell Phone Number: _____

Email Address: _____

Child can swim: YES or NO If Yes, then skill level: Beginner Intermediate Advanced

Child Shirt Size (Adult or Youth): _____ (S-XL): _____

I understand and am aware that my child will be participating in activities with the Laurel Police Department's Cops Camp on August 18-22, 2025. While the activities my child will participate in are not typically hazardous in nature, I understand that some activities involve the risk of injury to any or all parts of my child's body. Additionally, I understand that while all precautions will be taken on my child's behalf, there may be some chance of injury while en route to or from an activity. Despite the risk of injury, I hereby agree to freely and expressly assume and accept any and all risks of injury or death to my child while he/she is participating in activities related to the Laurel Police Department's Cops Camp.

I agree to release the Laurel Police Department, its police officers, staff, and volunteers from any and all liability or responsibility for unintentional injuries or damages received by my child while participating in Cops Camp related activities.

In consideration for being able to participate in this activity, I hereby agree to accept the terms and conditions of this contract. This document constitutes the final and entire agreement between the Laurel Police Department and the undersigned.

I have carefully read this agreement and release and fully understand its contents. I am aware that this is a release of liability and a contract between the Laurel Police Department and myself, on behalf of my minor child. I understand that it is legally binding on heir and me and I sign it of my own free will.

By signing this contract, I agree to have my child's photograph used for marketing purposes by the City of Laurel and its police department. I understand that my child's photograph may appear on social media sites and that my child's personal information will not be shared or released.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IF YOU DO NOT AGREE WITH ITS TERMS.

THERE IS NO REFUND IF YOUR CHILD IS DISMISSED FROM THE CAMP

Parent/Guardian's Signature

Date