

Crime Prevention Merit Badge / Roane County Jail Tour
Parental Permission/Accident Waiver Form

I, _____, hereby give permission for my child, _____, to participate in the Crime Prevention merit badge jail tour. I understand the jail tour is designed to specifically show adolescents the realities of jail life. Further, I allow my child to enter the confinement areas of the Roane County Jail and understand that my child will be in proximity to actual inmates. By signing, you acknowledge that you will be responsible for your child's actions and your child agrees to obey the rules of the instructors and jail staff at all times.

I release the Roane County Sheriff's Office, Harriman Police Department, Boy Scouts of America and Roane State Community College from any and all liabilities or responsibilities pertaining to accidents, injuries or complications resulting from any activity involving the tour of the facility.

I authorize the staff to transport the above named student to the nearest hospital in case of injury or suspected injury, while the student is involved in any jail touring activity.

I authorize the hospital's attending physician to administer necessary emergency medical care to the above named student upon his/her arrival at the hospital.

Parenting/Guardian Signature _____ Date _____

Student's Signature _____ Date of Birth _____ Sex: Circle One M / F

Home Address, City, State, Zip _____

Boy Scout Troop # _____ City, State _____

List any and all physical/medical conditions and any medications the student is currently taking which may affect participation in the program. Please explain fully.

Insurance Company _____ Policy Number _____

Name of Insured _____

In case of Emergency, please contact: _____

_____ Name/Relationship _____

Address, City, State, Zip, Contact Phone Number _____