

Brevard County Sheriff's Office

B.A.M.



Brevard Attitude Modification

PLEASE PRINT

Minor's Name: _____ Age: _____ Grade Entering: _____

Date of Birth: _____ Gender: _____ (Male or Female)

Minor's shirt size: _____ Minor's Shoe size: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Parent/Guardian Name: _____ Place of Employment: _____

Work Phone: _____

Driver's License Number: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name: _____ Place of Employment: _____

Work Phone: _____

Driver's License Number: _____ Cell Phone: _____

Email: _____

Alternate Emergency Contact: _____ Relation: _____

Phone: _____

Does your child have any special needs, inhalers, allergies, recent surgeries, medical or mental health concerns that we should be aware of? Yes No

If yes, please explain: _____



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Brevard County Sheriff's Office will not release your Child to anyone other than those to whom you have given Written permission. Please list any other persons authorized to pick up your Child.

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

3. Name: _____ Relation: _____ Phone: _____

Briefly describe why your child is enrolled in this program:

Briefly describe what you are wanting your child to learn/take from this experience:

PLEASE BE ADVISED

- **If at any time your minor child commits a crime, he/she will be apprehended and taken directly to the juvenile detention center.**
- **If at any time your minor child withdraws him or herself from the program or becomes defiant, he/she will be placed in a holding cell until a parent or guardian comes to pick up your minor child.**
- **In order for your minor child to successfully complete the B.A.M. program, one or more of the parent/guardian(s) MUST complete a 2 hour presentation conducted by Sheriff Ivey.**



BREVARD ATTITUDE MODIFICATION PROGRAM
RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT MINOR

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD PARTICIPATE IN BREVARD ATTITUDE MODIFICATION PROGRAM (THE "PROGRAM") THAT INVOLVES POTENTIALLY DANGEROUS ACTIVITIES, SUCH AS BEING AT A FORMER CORRECTIONAL INSTITUTION, BEING HANDCUFFED AND BEING IN SHACKLES, AND PERFORMING PHYSICAL LABOR. YOU ARE AGREEING THAT, EVEN IF THE BREVARD COUNTY SHERIFF'S OFFICE USES REASONABLE CARE IN HOLDING AND MANAGING THIS EVENT, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THE ACTIVITIES BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE PROGRAM WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE BREVARD COUNTY SHERIFF'S OFFICE OR THE BREVARD COUNTY BOARD OF COUNTY COMMISIONERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE PROGRAM. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE BREVARD COUNTY SHERIFF'S OFFICE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IN THE PROGRAM IF YOU DO NOT SIGN THIS FORM.

We, the undersigned, for and in consideration of the opportunity for our minor child (the "**MINOR**") to participate in the Brevard Attitude Modification Program (hereinafter, the "**PROGRAM**") being sponsored by Wayne Ivey, in his capacity as Sheriff of Brevard County, Florida, as well as the use of the facilities owned by the Brevard County Board of County Commissioners, and the benefit flowing to the **MINOR** being able to participate in the **PROGRAM** through the efforts of Wayne Ivey, in his capacity as Sheriff of Brevard County, Florida, and the Brevard County Board of County Commissioners, and their respective employees, officers, counsel and agents, (hereinafter, collectively the "**RELEASED PARTY**"), including, but not limited to the use of the premises located at 855 Camp Road, Cocoa, Florida 32927, hereby, on behalf of ourselves and the **MINOR**, release and agree to defend, indemnify and save harmless, and shall defend, indemnify and hold harmless, the **RELEASED PARTY** from and against any and all liability, claims, demands, suits, actions, losses, damages, expenses, fees or fines, of any kind and nature, arising or growing out of or in any way connected with the **PROGRAM**, INCLUDING DUE TO THE NEGLIGENCE OF THE **RELEASED PARTY**.

Initials

Initials

Furthermore, if, despite this release, hold harmless and indemnification agreement (this "Release"), we, the **MINOR** or anyone on the **MINOR's** behalf, makes a claim against the **RELEASED PARTY**, WE AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE "**RELEASED PARTY**" and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THE **RELEASED PARTY** MAY INCUR DUE TO THE CLAIM MADE OR SUIT BROUGHT AGAINST THE "**RELEASED PARTY**," ASSERTING NEGLIGENCE ON THE PART OF THE "**RELEASED PARTY**" in performing their respective duties.

We know the nature of the **PROGRAM** and the **MINOR's** health, experience and capabilities, and believe the **MINOR** to be qualified to participate in the **PROGRAM**. The **MINOR** is voluntarily participating in the **PROGRAM** and we expressly agree that we and the **MINOR** are to assume the entire risk of any accidents or personal injury, including serious bodily injury and death, which the **MINOR** might sustain to his or her person and property as a result of the **MINOR's** participation in the **PROGRAM**, and any negligence (except gross negligence) on the part of any or all of the **RELEASED PARTY** in performing their respective duties or due to the actions or inactions of other participants in the **PROGRAM**. We agree to immediately notify a law enforcement officer if the **MINOR** is injured in connection with the participation of the **MINOR** in the **PROGRAM**. We further agree to waive all benefits flowing from any law of the State of Florida which, but for this Release, would negate or limit the scope of this Release.

WE FULLY UNDERSTAND AND WE WILL INSTRUCT THE **MINOR** THAT: (i) THE ACTIVITES ASSOCIATED WITH THE **PROGRAM** CAN BE VERY DANGEROUS AND PARTICIPATION IN THE **PROGRAM** INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (**ARISKS@**); (ii) THESE **RISKS** AND DANGERS MAY BE CAUSED BY THE ACTIONS OR INACTIONS OF EITHER OF US OR THE ACTIONS OR INACTIONS OF OTHERS (INCLUDING THE **MINOR**) PARTICIPATING IN THE **PROGRAM**, THE RULES OF THE **PROGRAM**, OR THE NEGLIGENCE OF THE **RELEASED PARTY**; (iii) THERE MAY BE OTHER **RISKS** NOT KNOWN TO US OR BY THE **MINOR** OR THAT MAY NOT BE READILY FORESEEABLE AT THIS TIME; AND (iv) THE SOCIAL AND ECONOMIC LOSSES AND DAMAGES THAT COULD RESULT FROM THOSE **RISKS** COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE FUTURE OF THE **MINOR**.

WE, ON BEHALF OF OURSELVES AND THE **MINOR**, HEREBY ACCEPT AND ASSUME ALL SUCH **RISKS**, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE **RELEASED PARTY**.

Initials

Initials

This Release shall be binding upon our assigns, successors, personal representatives, executors, administrators and heirs, as well as the assigns, successors, personal representatives, executors, administrators and heirs of the **MINOR**. Furthermore, this Release shall be governed by the laws of the State of Florida and any action brought to interpret or enforce this Release shall be brought exclusively in the appropriate state court situate in Brevard County, Florida.

WE HAVE READ THIS RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT, UNDERSTAND THAT BY SIGNING IT WE GIVE UP SUBSTANTIAL RIGHTS WE OR THE **MINOR** WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES= FAULT, AND WE SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

DATE


SIGNATURE OF RELEASOR – (To be signed
by Each Parent of the MINOR)
Printed Name: _____
_____ of the MINOR

NAME OF THE MINOR

SIGNATURE OF RELEASOR – (To be signed
by Each Parent of the MINOR)
Printed Name: _____
_____ of the MINOR

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Media Release

PLEASE READ CAREFULLY BEFORE SIGNING!

ALLOW DO NOT ALLOW

Name: _____

(Print, as you would like text of your Minor Child's name to appear in media)

Release: We hereby consent to the recording, broadcast and re-broadcast, web site, internet posting of our minor child's, name, voice and/or likeness over the internet, including, but not limited to, posting all or clips or portions or any audio or video recording in social media, such as Facebook, YouTube, as well as the public media, such as newspapers, television broadcasters and cable television providers, and any other printings utilized by the Brevard County Sheriff's Office. Our minor child's name, voice and/or likeness may also be used in promoting broadcast(s). We each affirm that we are of legal age to consent and we are the parents of the minor child listed above on this form, or we are of legal age to consent and we are the court appointed guardians of the person of the minor child listed above on this form, or we are of the legal age to consent and we are both the parent and the court appointed guardians of the minor child listed above on this form. We agree to accept no compensation for our minor child's appearance and we release the Brevard County Sheriff's Office and the Brevard County Board of County Commissioners, and their respective officers, employees and agents, from any and all liability for any violation of any personal or property rights which we or our mine child may have in connection with such materials.

We further agree, jointly and severally, to indemnify, defend and hold harmless the Brevard County Sheriff's Office and the Brevard County Board of County Commissioners, and their respective officers, employees and agents, against any liability, loss, or other injury whatsoever caused by or arising out of our minor child's appearance on the program or any utterance made by either of us or our minor child on or in connection with the program or the use of any materials furnished for use by either of us or by our minor child on, or in connection with, the program, including reasonable costs and attorneys' fees. The Brevard County Sheriff's Office permitting our minor child to appear in their programs shall constitute its approval of this agreement.



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B.A.M.



Brevard Attitude Modification

Signature: _____

Print Name: _____ Relation: _____

Date: _____

Signature: _____

Print Name: _____ Relation: _____

Date: _____

State of _____ County of _____ Subscribed
and sworn to (or Affirmed) before me this _____ day of _____, 20_____.

By _____ Personally known _____

OR produced identification _____ Type of identification produced _____

Notary Public

