

# Oswego Junior Public Safety Academy



## Waiver Covenant Not to Sue for Injuries

I, \_\_\_\_\_ give my child,  
\_\_\_\_\_ permission to attend the Oswego Junior Public Safety Academy. I understand that my child has been granted the privilege to attend the Oswego Junior Public Safety Academy by the Oswego Police Department & Oswego Fire Protection District. In consideration of this privilege, I hereby release and waive all responsibility to the Village of Oswego, the Oswego Police Department, the Oswego Fire Protection District, and the employees of said departments, for any injuries, physical or mental, that my child might receive as a result of attending the Academy. I understand my child will not be required to participate in any activities that he or she does not feel comfortable with.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Approved by Officer Chmielewski

\_\_\_\_\_  
Approved by Lt. Kearns



Return Application and Waivers to:  
3355 Woolley Rd, Oswego, IL 60543

