



Heroes Summer Camp

Do your kids know what to do in an emergency? Do they know the skills to keep them safe in case of a fire, water, or natural disaster? Have they ever wanted to be a policeman, firefighter or crime scene investigator?

We have a fun way to keep your kids safe and meet the HEROES from our community's emergency services:

- **Heroes Summer Camp: June 13-15 or June 20-22**
 - Demos by Sioux Falls Police Department, K9 Unit, SWAT, Bomb Squad, Sioux Falls Fire Rescue, Paramedics Plus, Metro 911
 - Grade 5 completed
 - 8:30am-3:30pm all 3 days
 - Cost \$75.00

The Safety Village is an injury-prevention organization located on the WH Lyon Fairgrounds in Sioux Falls, SD. Our mission is "Educating to save lives."

RSVP by May 24, 2017.

To sign up or for more information, call the Safety Village 605-334-7233 or visit www.safetyvillage.org

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RSVP by May 24. Call 334-7233 to register today or mail form with payment to PO Box 90612, Sioux Falls, SD 57109

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Payment: Check (mail form with payment to PO Box 90612, Sioux Falls, SD 57109)

or Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

CVV code \_\_\_\_\_ Zip \_\_\_\_\_

Child Name: \_\_\_\_\_

Age: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_



## Heroes Summer Camp

### Waiver of Liability, Indemnification, Medical Release and Video Consent

The Heroes Summer Camp is facilitated by the Safety Village of South Dakota (Safety Village) and utilizes employees of the City of Sioux Falls, both Police and Fire Departments and other emergency service organizations. Our goal is to educate while keeping children safe. I am aware of the dangers involved in participating in Safety Village Heroes Summer Camp.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

1. Waive, release, and discharge the Safety Village and its Board of Directors and the City of Sioux Falls and its officers, agencies and employees from any and all liability for my death, disability, bodily injury, property damage, property theft, or actions of any kind which may hereafter accrue to me in my estate; and
2. Indemnify and hold harmless the Safety Village, City of Sioux Falls, and its officers, agents, and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event.
3. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness during this activity or event.
4. Consent is hereby granted to the Safety Village, City of Sioux Falls and the Sioux Falls Police and Fire Departments for use of photographs, videos, slides, and television participation involving my child with or without association to the child's name. These may appear in various electronic or print publications, web pages, presentations and/or television programs that include my child while participating in the Safety Village's Heroes Summer Camp.
5. This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
6. I, the undersigned participant, acknowledge that I have read and understand the above release.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

Please return to the Safety Village of South Dakota by June 1, 2017