



# WATERVILLE POLICE DEPARTMENT

25 North Second Street  
Waterville Ohio, 43566

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419-878-6666 – Emergency

419-878-8184 – Office

419-878-4256 - Fax

## **SAFETY CITY 2021 REGISTRATION INSTRUCTIONS**

1. Safety City is scheduled for July 12 – July 16, 2021.
2. There will be 2 sessions. The first will be scheduled from 9:00 AM to Noon. The second one will be scheduled for 1:00 PM to 4:00 PM.
3. Registration Fee is \$30.00, this is due when the forms are turned in.
3. There is room for a total of 60 students, 30 students in the morning class and 30 students in the afternoon class.
4. The sign up is for Pre-Kindergarten students at this time.
5. Fill out all 3 forms and bring them to the Waterville Police Department between the hours of 8:00 AM and 4:30 PM during business hours Monday through Friday. Bring the registration fee of \$30.00 cash or a check (non-refundable) made out to the City of Waterville c/o Safety City program.
6. If the classes aren't filled the registration will open up to Kindergarten students who were unable to attend because of Covid 19 last summer. A list will be created for the Kindergarten students who wish to attend. The parents of these students will be contacted on a first come, first served basis if there are any vacancies left. Do not send the registration forms or any money at this time.
7. If you have any questions, please contact the Waterville Police Department during business hours, phone # 419-878-8184.

Office Use

## Waterville Safety City 2021

Office Use

Student Registration Form (Please Print Clearly)

Registration Fee: \$30.00

COURSE DATES AND TIMES Mark first choice with a ☐ 1 and second choice with a ☐ 2☐ Session One: 9:00 am -12:00 pm

July 12,13,14,15,16

☐ Session Two: 1:00 pm - 4:00 pm

July 12,13,14,15,16

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PARENT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## MEDICAL INFORMATION List any medical problems or information our staff should be aware of (allergies, Medications, etc.)

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## WAIVER OF LIABILITY

I, personally and on behalf of the family members of the above listed child agree to defend, indemnify and hold harmless the City of Waterville, its agents, employees and representatives, in their official and individual capacities from any and all liability claims, demands, suits, losses, damages and costs, including, but not limited to, attorney's fees, expenses, court cost, and interest, for or arising out of or in connection with the Waterville Safety City Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety City Program whether it be caused or arise out of the negligence or claim of the child or any of its family members or individuals invited to the activity conducted in connection with the Waterville Safety City Program or by the negligence of the City of Waterville or its employees, representatives or agents.

Parent / Legal Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this registration form to the Waterville Police Department at 25 North Second Street, Waterville Ohio 43566 along with \$30.00 cash or a check (non-refundable) payable to the City of Waterville c/o Safety City Program. If you have any questions

Call: (419) 878-8184 Monday through Friday 8:00 am to 4:00 pm.



# WATERVILLE POLICE DEPARTMENT

## SAFETY CITY

### WAIVER AND RELEASE OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The World Health Organization has declared the novel coronavirus, COVID-19 a worldwide pandemic that is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend masking, hand washing and social distancing. On March 10, 2020, Ohio Governor Mike DeWine issued Executive Order 2020-OD1. This order declared a state of emergency across the state of Ohio under section 5502-22 of the Ohio Revised Code.

Where possible, The City of Waterville and the Waterville Police Department has and will continue to implement policies intended to reduce the potential for the spread of COVID-19, but cannot guarantee that you, your household, or members of your family will not become infected with COVID-19 as a result of utilizing and/or participating in the Waterville Police Department's Safety City services premises. Further, such participation could increase your risk and, therefore, the risk to your family members and persons within your household of contracting COVID-19. Finally, the City of Waterville and the Waterville Police Department require all participants to adhere to all local, state and federal regulations regarding masking, hand washing and social distancing.

I have read and understand the above warning concerning COVID-19, and I acknowledge and understand that the City of Waterville and the Waterville Police Department cannot completely prevent you,

\_\_\_\_\_  
Name of parent/legal guardian

[or your child(ren)]

\_\_\_\_\_  
name of child(ren)

from potentially becoming exposed to, contracting, or spreading COVID-19 while utilizing the Waterville Police Department Safety City services or premises, nor is it possible to completely prevent against the presence of the disease.

**ASSUMPTION OF RISK:** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I further agree to assume all of the foregoing risks and voluntarily accept sole responsibility for myself and/or my children in order to utilize the Waterville Police Department's Safety City services premises. These services are of such value to me [and/or to my children,] that I accept the potential risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize them.

**WAIVER OF LAWSUIT/LIABILITY:** On my behalf, and on behalf of my household and family, I hereby forever release, covenant not to sue, discharge and hold harmless the City of Waterville, the Waterville Police Department, and its officers, directors, managers, officials, trustees, agents, employees, or other representatives of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to potential exposure, infection, and/or spread of COVID-19 related to utilizing the Waterville Police Department's Safety City services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the law of the State of Ohio will apply to this Waiver and Release

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_





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**CONSENT, RELEASE AND WAIVER**  
***PHOTOGRAPHS AND/OR VIDEO TAPES***  
***FOR***  
***THE SAFETY CITY PROGRAM***

The undersigned parents and/or guardian of \_\_\_\_\_, a minor, for and in consideration of the services provided by the Waterville Police Department of the City of Waterville, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledge by the undersigned, do hereby consent to have the Waterville Police Department and the Mirror Newspaper photograph and/or video tape said child, the ***photographs and/or videotapes will be used for class pictures and promotional purposes for the Safety City Program*** and do hereby waive, release, and forever discharge the City of Waterville, Ohio, a municipal corporation, the Waterville Police Department, and their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from photographing and/or video taping of said child.

It is hereby acknowledged that the photographs and/or videotapes of said child is being done at the voluntary request of said child and the undersigned.

The undersigned hereby declare that the terms of this consent, release and wavier have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid photographs and/or video tapes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date