NERLEEA
375 Main St
Danbury, CT 06810

Youth (Under Age 18) Application for Membership

*Date: _____

*Department: _____

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone #: _____ Circle one: Home / Cell *Date of Birth: _____ *Age: _____

Male ◯ Female ◯

NOTE: There is a $5.00 per year membership fee that needs to be paid by either you or your post. ALL memberships expire on December 31st of each year regardless of when you joined throughout the year. Please check with your advisor to determine if you need to make a payment to the association. Advisors will be notified of lapsing membership prior to such lapse.

ALL information is required for insurance reasons and failure to provide all information requested will result in non-registration with NERLEEA and also failure to cover the individual named above under any and all insurance policies which would cover Active Registered members. I understand that this form must be filled out legibly so that information can be easily read in the event that it is needed for insurance or other reasons.

PLEASE PRINT NEATLY OR FORM WILL BE RETURNED AND YOU WILL BE UNREGISTERED WITH NERLEEA AND MAY NOT PARTICIPATE IN NERLEEA SPONSORED EVENTS.

HOLD HARMLESS AGREEMENT

I hereby agrees to release, indemnify and hold harmless the Northeast Regional Law Enforcement Educational Association, Inc. (NERLEEA), its officers and directors, the Cadet Police Academy Executive staff and all other agents, locations and vendors contracted both public and private along with their employees and staff including but not limited to the States of CT, MA, NH, RI, VT, ME, the Federal Government, State employees, the University of Hartford and its employees and agents, any location or employees of where events made be held, all other volunteer staff both sworn and civilian, including instructors from Federal, State and Local Law Enforcement agencies, from and against all claims, suits, proceedings, actions, cause of actions, responsibility, liability demands, judgments and executions, which arise from or are in connection with events and programs sponsored by NERLEEA and its registered units.

PHOTOGRAPHS:

I understand that photographs may be taken and used on social media for advertising and recruiting purposes without compensation given to me, in exchange for me being allowed to participate with all of NERLEEA programs and events.

FIREARMS:

I also understand that firearms may be used at events and all reasonable precautions will be made to ensure my child's safety while utilizing the firearms and that certified Law Enforcement/NRA Instructors will be present at all times with my child and the firearms.

This hold harmless remains in effect for my son/daughter until withdrawn in writing by myself or until they become inactive for one year or until they become 18 years old. Photocopies of this hold harmless are to be considered as valid as the original form & signature.

I understand that if changes are made to the hold harmless agreement that I will then be required to fill out an updated registration form.

Our agents shall give written notice to NERLEEA of any act or occurrence involving any claim, demand, or item of cost of, indemnified against herein, within ten (10) days of knowledge of such occurrence or act. A lapse in notification by our agents and/or their agents shall not abrogate the obligations of NERLEEA as agreed to herein.

I give permission for my son/daughter to participate in functions sponsored by NERLEEA and its registered units and understand that there are inherent risks associated and involved in the training programs being conducted. I understand that any and all precautions will be taken to help ensure my child's safety but that the training is such that not every event may be planned for or prevented. I agree to all stipulations stated in BOTH paragraphs above and hereby give permission for my child to participate. I do not know of any reason, medical or otherwise which would prevent my child from participating fully and safely. I also give permission for my child to be treated by either medical personnel on scene or at a hospital shall the need arise. I understand that all efforts to contact me will be made in regards to such treatment.

_____ _____ _____
Name Signature Date

_____ _____
Relationship (Mother / Father / Legal Guardian etc.) Emergency Contact Phone # of authorizing person