

## ALERT Cadet Challenge 2017

In exchange for the opportunity for \_\_\_\_\_ to receive training in the ALERT Cadet program of ALERT I, as a parent or guardian, on behalf of myself and my spouse (if applicable), do release ALERT, ALERT Cadet and the Institute in Basic Life Principles (IBLP), its employees, agents, and volunteers from any liability arising from injuries to my child, or property damage to his belongings while participating in the ALERT Cadet Program.

**I do voluntarily authorize** ALERT Cadet, ALERT and IBLP and any of its officers, employees, or volunteers responsible for the well-being of my son, to provide, or to make reasonable arrangements for those life-saving procedures, which appear to be necessary in case of an emergency. I understand that I will be contacted as soon as it is reasonably possible in the event of any serious injury to my son.

**I grant permission** to ALERT Cadet, ALERT and IBLP to reproduce the likeness of my son in their brochures, books, websites, and other print or electronic media, as well as allowing ALERT Cadet, ALERT and IBLP to sell or distribute any aforementioned materials containing the likeness of my son in whatever way they desire.

**I fully consent** to the arrangements made for the spiritual, emotional, mental, and physical welfare of my child during the period of time he is under the authority of ALERT in the ALERT Cadet Program. I understand that by signing this form I am waiving any and all rights to bring a claim or cause of action against ALERT Cadet, ALERT, IBLP, their employees, agents, or volunteers. I voluntarily sign my name below in agreement to the above statements.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Phone Number

Texting? Y \_\_\_ N \_\_\_

\_\_\_\_\_  
Additional Phone Number

Texting? Y \_\_\_ N \_\_\_

**Son's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Birthdate:** \_\_\_/\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

Please indicate T-shirt size: Youth: Sm \_\_\_ Med \_\_\_ Large \_\_\_ Adult: Sm \_\_\_ Med \_\_\_ Large \_\_\_

**Note any Medical problems, restrictions, or allergies that we need to be aware of:**

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Once form is completed, please email to [cadets@alertacademy.org](mailto:cadets@alertacademy.org) or fax to 903-636-2013.