



# R.E.A.C.H. Program & Booster Sessions

*“RESPECT, ENGAGE, ACCOUNTABILITY, CHARACTER, HONESTY”*

*The goal of the Charlotte-Mecklenburg Police Department R.E.A.C.H. (Respect – Engage – Accountability – Character – Honesty) Program is to build positive relationships between Youth, Police Officers and their Community. The R.E.A.C.H. Program seeks to actively engage youth through mentoring, life skills, leadership, and career development. All activities address the areas of Respect, Community Engagement, Accountability, Character and Honesty by creating a safe space for youth to unpack life’s issues and challenges. Facilitators and guest speakers are professional with certifications in various backgrounds, and our curriculum utilize evidence-based practices.*

*Upon successful completion of the R.E.A.C.H. summer program, the youth can continue his or her relationship with the Charlotte-Mecklenburg Police Department by attending a monthly R.E.A.C.H. Booster Session during the academic year. The parent or youth can request an Officer Mentor that will be individually assigned to conduct school visits, provide encouragement and recommend positive alternatives.*

## This program is for youth who:

- Are under peer pressure
- Have been negatively influenced by others
- Have potential for success when given support
- Would benefit from healthy and positive relationships
- Want to make the right choices
- Want to have effective Communication Skills
- Want to build and develop positive Self-Esteem

## Requirements:

- Students ages 13 – 17
- Referred by SRO, Police Officer, Diversion Staff, Community Agencies, or Parents
- Youth willing to voluntarily interact and participate in R.E.A.C.H. Program
- Commitment from Youth
- Parent(s)/Guardian(s) approval to participate

If you have any questions, please contact one of our REACH Prevention Specialist below.

REACH Prevention Specialist	Phone	E-Mail
Faye Strother	704-301-8594	<a href="mailto:nstrother@cmpd.org">nstrother@cmpd.org</a>
Michael Nguyen	704-591-1469	<a href="mailto:hnguyen@cmpd.org">hnguyen@cmpd.org</a>
Deon Wimbush	704-621-8289	<a href="mailto:Deon.Wimbush@cmpd.org">Deon.Wimbush@cmpd.org</a>





## The R.E.A.C.H Summer Camp Program

**Hello R.E.A.C.H. Summer Camp Mentees, Parents, Guardians and Caretakers,**

CMPD is excited to invite mentees to our R.E.A.C.H. Summer Program. “The mission of the R.E.A.C.H. Summer Camp is to help youth REACH their full potential through vocational, wholistic education and empowerment”. The overall goal of the Charlotte-Mecklenburg Police Department R.E.A.C.H. (Respect – Engage – Accountability – Character – Honesty) Program is to build positive relationships between Youth, Police officers and their Community. The R.E.A.C.H./ROC Summer Day Camp will operate from **9:00 a.m. to 3:00 p.m.**, on following days and dates at Northside Baptist Church campus, 333 Jeremiah Blvd, Charlotte, NC 28262.

R.E.A.C.H. Summer Camp Program:

<b>REACH Week:</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
1	June 15	June 16	June 17
2	June 22	June 23	June 24
3	June 29	June 30	July 1
4	July 13	July 14	July 15
5	July 20	July 21	July 22
6	July 27	July 28	July 29

**R.E.A.C.H./ROC Orientation – Saturday, May 15, 2021** Mentees and parents/guardians will have an opportunity to meet the R.E.A.C.H./ROC Staff and ask questions (**Please confirm with your contact person listed below prior to orientation**).

### **Participation Agreement and Permission Forms**

We have a lot of great activities planned this summer, and will be traveling to many sites around North Carolina. This program is most successful when the R.E.A.C.H. Mentees, and our R.E.A.C.H. Families voluntarily interact with the R.E.A.C.H. Program Staff and volunteers in a respectful and timely manner. We are asking for parents/guardians along with mentees to sign the **R.E.A.C.H. Participation Agreement**, and all other **Permission Forms** in the application packet. Failure to do so will result in a missed opportunity to let your child participate in some awesome camp activities and fieldtrips.

Each week will build on the next, therefore we are asking that “ALL” mentees attend every session, but no more than three (3) absences are allowed during the summer camp. Each mentee that successfully completes the R.E.A.C.H./ROC Summer Camp will be able to attend the Banquet Day celebration on July 29, 2021, and will receive a Graduation Certificate.

## **Safe Practices**

Our number one priority is the safety and wellbeing for everyone. Therefore, each mentee will be given a mask and gloves each day. Safe distancing will be practice as best as possible, and temperature checks will be conducted each morning. If your child is not feeling well, we ask that you keep your child home and contact us immediately. Mentees will be traveling by van to and from all locations, and each van will be sanitized at the end of each day. We will also separate Mentees into underclassman 8<sup>th</sup> Grade to 10<sup>th</sup> graders, and upperclassman 11<sup>th</sup> Grade to 12<sup>th</sup> graders on some occasions depending on activity and subject matter.

**NOTE:** Limited transportation will be provided. **ALL** mentees are expected to be (walk-out) ready at their designated pick-up time and location each morning. Before boarding the van, all mentees will receive a temperature check, and be wearing a mask before boarding the van.

Parents/Guardians who are dropping off mentees will have a drive-up/check-in location in front of the Gym (Alvin Dark Sports Center) Parking Lot.

**Only Authorized Listed Persons can pick-up a mentee from camp, and mentees will only be dropped off at their Authorized Listed Location** obtained from the “Youth Engagement Consent and Application” form.

## **Field Trips**

Mentees will have opportunities to travel to many sites this summer. Site visits will include, Colleges and Universities, Stone Mountain, Latta Plantation, and many other places. Parents will be notified in advanced of all field trips, and of any last-minute changes in the camp’s itinerary concerning fieldtrips.

## **Rebuilding Opportunities in Construction “ROC”**

Mentees will also be a part of **The R.E.A.C.H. Summer Career Exploration Program** which is a joint venture, and partnership with The Rebuilding Opportunities in Construction and Self-Talk Consulting, PLLC. This initiative will give 30 of our mentees an opportunity over the course of six weeks to participate in character development training, technical education, and career readiness opportunities necessary to become employable. The ROC is a program designed to exposed students to the career opportunities found in the carpentry, electrical, HVAC, and construction management fields. Mentees will meet in **The ROC Building**, on Northside Baptist Church campus. This partnership will allow the mentees to receive several hours of hands-on technical training while in our summer camp (See The REACH/ROC Career Exploration Program information).

## **POINT OF CONTACT**

Please contact us for additional questions, and to sign-up with the CMPD, Community Engagement Division, R.E.A.C.H. Prevention Specialist to participate in the R.E.A.C.H./ROC Summer Camp Program.

Det. Mike Nguyen  
hnguyen@cmpd.org  
704-591-1469

Det. Faye Strother  
nstrother@cmpd.org  
704-301-8594

Deon Wimbush  
[Deon.Wimbush@cmpd.org](mailto:Deon.Wimbush@cmpd.org)  
704-621-8289

Sergeant David McCallum  
[dmccallum@cmpd.org](mailto:dmccallum@cmpd.org)  
704-497-9165



**CHARLOTTE – MECKLENBURG POLICE DEPARTMENT***Youth Engagement Consent and Application*

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby give permission for my child, \_\_\_\_\_, to attend CMPD's R.E.A.C.H. Program / Summer Exposure Experience (S.E.E.) Program.

This may include but is not limited to activities such as touring local Charlotte area businesses and government agencies, college tours, light physical activity to include walking, biking, participating in a high and low ropes course, participating in interactive presentations, creating and presenting an exit project, and other appropriate program activities.

In consideration for my child's participation in this program, I hereby do forever release and agree to hold harmless the city of Charlotte and the Charlotte-Mecklenburg Police Department, its agents and employees, from any and all liability, claims and damages for personal injury resulting from my child's participation in the  \_\_\_\_\_ R.E.A.C.H. Program / the  \_\_\_\_\_ Summer Exposure Experience (S.E.E.) Program. I am aware of the dangers and the risks that exist from participating in the above-mentioned program activities. I hereby specifically and voluntarily assume all such risks on behalf of my child and expressly release the City of Charlotte and the Charlotte- Mecklenburg Police Department and its agents and employees from any cause of action or claim of whatsoever kind or nature arising out of my child's participation in this program. I also understand that my child whose name is listed above may be photographed during his/her participation in these activities. I do hereby give the CMPD Youth Engagement Programs the right to exhibit any such works publicly or privately, including posting on the CMPD Website. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me or my child.

I understand that these photographs may be used in promoting the CMPD, either in print or on the internet.

LIMITED PHONE PRIVILEGES: No cell phone usage is allowed during program hours. However, if an emergency were to arise, contact will be made with parents/guardians by the staff.

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUTH INFORMATION**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Date of Birth: Month:</b> _____ <b>/Day:</b> _____ <b>/ Year:</b> _____			<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
<b>Name You Prefer to be Called:</b>		<b>Home Phone #:</b>		<b>Cell Phone #:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Apt. #:</b>					
<b>Email Address:</b>					



Do you have summer school?  Yes  No

If, yes, dates of school:

Are you currently working?  Yes  No

Please list dates unavailable for this program [no more than three (3) absences allowed]:

/ /

Race:  Asian  Black/African American  White  Other

Ethnicity:  Hispanic  Japanese  Korean  Pacific Islander

Do you have transportation?  Yes  No

Is your residence located on or near a bus or rail line?

Yes  No

Shirt Size:  XS  S  M  L  XL  Other

Are you currently in school?

Yes  No

What school do you attend?

Grade level:

Rising 6<sup>th</sup> Grader

Rising 7<sup>th</sup> Grader

Rising 8<sup>th</sup> Grader

Rising 9<sup>th</sup> Grader

Rising 10<sup>th</sup> Grader

Rising 11<sup>th</sup> Grader

Rising 12<sup>th</sup> Grader

Graduating Senior

What is your anticipated graduation date: Month / Year

Are you planning to apply to a college, trade, or technical school after high school graduation?  Yes  No

If you responded "Yes", please identify which school and what you plan to study. \_\_\_\_\_

If you responded "No", what are your plans after graduation? \_\_\_\_\_

Who referred you to the above program?

Briefly describe yourself - What are your strengths, talents, interests or activities, etc.?

Briefly state why you want to participate in the above program:

Please list your career interests:

Youth Name (print):	Date:
Youth Signature:	

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Last Name:	First Name:	Middle Name:		
Relationship to youth:	Home Phone #:	Cell Phone #:	Work Phone#:	
Street Address:	City:	State:	Zip:	Apt. #:
Guardian's Email Address:				

**Emergency/Alternate Transportation**

*CMPD requires express written permission from parent(s)/guardian(s) to designate an authorized person who can pick up their youth from camp, and the location of where the youth can be dropped off.*

Permission is granted for the following person's name and drop-off location(s):

Alternate Person's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Alternate's Location Address: \_\_\_\_\_

Alternate Person's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Alternate's Location Address: \_\_\_\_\_

**Youth Medical History:**

Conditions: (check all that apply) Asthma  Bleeding Disorder  Convulsions  Diabetes  Heart Condition

Allergies  Describe: \_\_\_\_\_

Other  Describe: \_\_\_\_\_

List all Restrictions on Food and Types of Activities: \_\_\_\_\_

**Condition Requiring Regular Medication:**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Condition Requiring Regular Medication:**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Health Insurance Information:**

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insured ID Number: \_\_\_\_\_

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

*The above noted medical history/conditions are true and correct to the best of my knowledge. The person herein named has permission to engage in all activities except noted by me. In the event of a medical emergency, I hereby give permission to the physician/hospital selected by the adult leader in charge, to render the necessary treatment for the condition/injury sustained while participating in activities.*

Parent/Guardian Initials and Date: \_\_\_\_\_

***If you have any questions, please contact one of our team members below:***

**R.E.A.C.H Program**

Specialist	Phone	E-mail
Faye Strother	704-301-8594	nstrother@cmpd.org
Michael Nguyen	704-591-1469	hnguyen@cmpd.org
Deon Wimbush	704-621-8289	Deon.Wimbush@cmpd.org

**Summer Exposure Experience Program**

Specialist	Phone	E-mail
Officer Reggie Richardson	704-578-2062	rrichardson@cmpd.org
Supervisor Sergeant David McCallum	704-497-9165	dmccallum@cmpd.org



# CHARLOTTE – MECKLENBURG POLICE DEPARTMENT

R.E.A.C.H Program Assessment

Pre / Mid / Post



## Individual Feelings

*DIRECTIONS: Below is a list of statements dealing with your general feelings about yourself. There are no right or wrong answers.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. If someone pushes or hits me, I have no choice but to push or hit back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Friends who I “hang out with” can influence me to make bad choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If I want to be successful in life, I can make a choice to join a positive group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What I hear and see on social media is true.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I believe it is ok for my partner and I to hit each other if we are upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Views about Police

*DIRECTIONS: Below is a list of statements dealing with your general feelings about police. There are no right or wrong answers.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. Police officers work hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Police officers do not like people who look like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would feel comfortable contacting a REACH officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I would refer a friend to a REACH officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Demographic Questions:

10. Are you:  Male  Female

11. Which of the following best describes you?

- |  |  |
|--|--|
| <input type="checkbox"/> African-American, Black         | <input type="checkbox"/> American Indian, Alaskan Native |
| <input type="checkbox"/> Asian, Pacific Islander         | <input type="checkbox"/> Hispanic, Latin American        |
| <input type="checkbox"/> White, Caucasian (non-Hispanic) | <input type="checkbox"/> Other                           |

12. How old are you?

- 13-14 years old  
 15-16 years old  
 17 years old

*Thank you for your time completing this important survey*



**Charlotte-Mecklenburg Police Department**  
**R.E.A.C.H Academy Participation Agreement**  
**RESPECT, ENGAGE, ACCOUNTABILITY, CHARACTER, HONESTY**

In order to have the best experience and relationship with the Charlotte-Mecklenburg Police Department REACH Academy, our organization request the following commitment from each REACH Participant and their parent/guardian. This program is most successful when each participant voluntarily interacts with other REACH Participants and the REACH Staff in a respectful manner at all times. The following is the REACH Academy Participation Pledge for both the Participant and Parent/Guardian.

**I THE REACH ACADEMY PARTICIPANT PLEDGE TO... (please initial & sign)**

- Respect myself, the instructors, our mentors and guest visitors**
  - Show respect for the instructor(s), myself and others always.
  - Respect others' personal property. Avoid touching or writing on anything that does not belong to me. Always pick-up after myself, and don't expect that others will clean-up my space.
  - Respect yourself and the rest of us by using appropriate language and wearing appropriate clothing. All pants and shorts must fit at the waist. No sagging or low riding will be permitted. Clothing must cover undergarments when sitting, standing, or bending. No hats, bonnets or hoodies will be allowed.
  - Treat people as you would like to be treated.
  - Cell Phones, headphones and earphones should be turned off and invisible during group discussion and class activities.
- Follow instructions when given**
- Put forth my best effort at all times**
- Pay attention, participate and ask questions**
- Take responsibility for my own actions**
  - If I'm confronted about a rule infraction, I will own up to it. I will not deny it, lie about it, or blame someone else.
- Use polite and appropriate language**
  - Offensive, derogatory, and profane terms are not tolerated. In order to have a safe environment where everyone feels comfortable, I will not put others down, use swear words, slang or shaming.

Student's signature:  Date   
 Print Name: \_\_\_\_\_

**I THE PARENT/GUARDIAN PLEDGE TO...**

- Communicate with the REACH Academy Staff in a timely manner when concerns arise.**
- See that my child is dressed consistently with the dress code.**
- Support the efforts of the REACH Program.**

Parent/ Guardian:  Date   
 Print Name: \_\_\_\_\_



## RELEASE AND WAIVER OF LIABILITY AGREEMENT

Parent/Guardian/Custodian Name(s): \_\_\_\_\_

Child(ren) Participant Names: \_\_\_\_\_

The undersigned is executing this Release and Waiver of Liability Agreement in consideration of myself and/or my child(ren) listed above being permitted to utilize the facilities, services and/or programs of the City of Charlotte, specifically the Charlotte-Mecklenburg Police Department (the "CMPD"), in the time of COVID-19.

The undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including in Mecklenburg County, North Carolina.

The undersigned hereby agrees, represents, and warrants that:

1. Neither the undersigned nor such participating child(ren) shall visit or utilize the facilities, services, and programs of the CMPD (other than any exclusively online services and programs) within fourteen (14) days after (i) returning to this state from out-of-state, (ii) exposure to any person returning from out-of-state, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19.
2. Neither the undersigned nor such participating child(ren) shall visit or utilize the facilities, services, and programs of the CMPD if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19.
3. The undersigned agrees to notify the CMPD immediately if he or she believes that any of the foregoing use/access restrictions may apply.

I acknowledge that the CMPD, in its sole discretion, has established and may further establish and/or modify certain guidelines and protocols for conduct of persons at its facilities and may open, close or reopen its facilities at any time and from time to time. I also acknowledge that my conduct is also subject to all federal, state and local guidelines and requirements and that my child(ren) and I will follow all such guidelines and requirements. I understand and agree that the CMPD is under no obligation to notify me of the establishment or modification of any of its guidelines and protocols or of any governmental guidelines or requirements. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and/or programs of the CMPD and acknowledges use thereof by the undersigned and/or such participating child(ren) may, despite the reasonable efforts of the CMPD to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

I am aware that if my child(ren) or I violate any of these or any other applicable protocols or guidelines, any of the above mentioned CMPD guidelines and protocols or governmental guidelines and requirements or any other safety precautions deemed appropriate to limit the exposure and spread of disease, my child(ren) and I may be asked to leave the CMPD's facilities, services and/or programs on a temporary or permanent basis. I understand that the CMPD has full and absolute discretion to interpret and enforce all of those protocols and guidelines.

On behalf of my child(ren), myself, my administrators, assigns, executors, successors, heirs and next of kin, I hereby waive, release, and discharge the City of Charlotte, the CMPD, and/or its directors, officers, employees, volunteers, representatives, and agents from any and all liability, including but not limited to, liability arising from the negligence or fault of the City of Charlotte, the CMPD, and/or its directors, officers, employees, volunteers, representatives, and agents, for any and all injuries, damages, or losses of any kind, including exposure or potential exposure to COVID-19 or any other illness or injury, suffered by myself, my child(ren) or others as a result of the participation of myself or my child(ren). I understand that there is a risk of injury, including physical harm or injury, or damage to personal property, and that I hereby assume all such risks of the participation of myself and/or my child(ren). [redacted] initial

On behalf of my child(ren), myself, my administrators, assigns, executors, successors, heirs and next of kin, I hereby waive, release, and discharge any and all rights and claims for damages against the City of Charlotte, the CMPD, and/or its directors, officers, employees, volunteers, representatives, and agents for any and all injuries, damages, or losses suffered by myself, my child(ren), or others as a result of the participation of myself and/or my child(ren). [redacted] initial

I certify that I and/or my child(ren) have not been advised not to participate by a qualified medical professional and that there are no health-related reasons or problems which preclude the participation of myself and/or my child(ren). [redacted] initial

I acknowledge that this release and waiver will be used by the City of Charlotte, sponsors, and organizers pertaining to the utilization of the facilities, services, and/or programs of the CMPD, and that it will govern the actions and responsibilities of myself and/or my child(ren). [redacted] initial

I acknowledge that the City of Charlotte, the CMPD, and/or its directors, officers, employees, volunteers, representatives, and agents are NOT responsible for any errors, omissions, acts, or failures to act of any party or entity conducting activities on their behalf. [redacted] initial

I hereby agree to indemnify, defend and hold harmless the City of Charlotte, the CMPD, and/or its directors, officers, employees, volunteers, representatives, and agents from and against any and all "Charges" (as defined below) paid or incurred as a result of any claims, demands, lawsuits, actions, or proceedings asserted or brought as a result of the participation of myself and/or my child(ren). "Charges" means any and all losses, damages, costs, expenses (including reasonable attorneys' fees), obligations, duties, fines, penalties, interest charges and other liabilities (including settlement amounts). [redacted] initial

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The laws of the State of North Carolina shall govern this release and waiver. [redacted] initial

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

[redacted] [redacted]  
Participant's Signature Date

[redacted] [redacted]  
Parent/Guardian Signature Date  
(If Participant is under 18)





CONSENT FOR RELEASE OF INFORMATION BY AND TO CHARLOTTE-MECKLENBURG SCHOOLS

I hereby authorize the following person/school/agency:

School name:
Address:

To release the information checked below on:

Student Name and Student ID#

To the following person/school/agency:

Address: Charlotte-Mecklenburg Police Department
R.E.A.C.H. Program Staff Faye Strother; Mike Nguyen & Deon Wimbush
812 Oaklawn Ave, Charlotte, NC 28206

CHECK INFORMATION TO BE RELEASED:

- X Attendance Record
X Educational Evaluation
X Letters of Recommendation
Medical Records/Evaluations (physical, neurological, psychiatric, other)
Psychological Evaluation/Treatment Information
Speech/Language Evaluations
X Transcript of Grades
Audiology/Otological Evaluation
X Individual Education Program (IEP)
X Social/Developmental History
X Standardized Test Data
Other (Specify below)

This information (Check one):

X is being released by Charlotte-Mecklenburg Schools
when received by the Charlotte-Mecklenburg Schools will be used by school personnel for the purpose of identifying educational needs and providing services for the above-named individual. This information may be released to other persons and agencies ONLY with written permission.

The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that the consent is truly voluntary. I further understand that I may revoke my consent at any time by giving written notice to the Charlotte-Mecklenburg School System. Such revocation does not affect the validity of my consent for information disclosed prior to the revocation.

Witness

Signature

Date

Relation to Student

Original: To information Source
Copy: To recipient of information

**Charlotte-Mecklenburg Police Department**  
**Leadership Reaction Course**  
**Waiver of Participant Liability**

The **CMPD Leadership Reaction Course** consist of the Low, High and Mobile Team Course which involves a number of physical obstacles to be overcome through individual and/or group effort.

The **CMPD Leadership Reaction Low Team Courses** involves a variety of team problem solving and trust building elements. Not all groups use all of the elements and the age, maturity, and physical abilities of participants are considered in choosing appropriate elements for each group. Examples of some of the elements include: A number of log and/or platforms as much as three (2) feet to (8) feet off the ground; a cargo net approximately (5) feet off the ground; an eleven (11) foot wall to climb over; and a trust fall into the arms of fellow participants.

The **CMPD Leadership Reaction High Team Course** involves team elements such as a cargo net to climb, various cables to walk on with ropes and boards for support, a 26 foot wall to repel from. All of these events happen in a telephone pole course, from 2 feet up to 26 feet above the ground. Climbing harnesses, climbing ropes and safety cables are used to protect the participants in case of a fall. A minimum of three (3) trained staff will be at the site to help ensure safety practices are followed.

The **CMPD Leadership Reaction Mobile Team Course** and Teambuilding Program consist of a number of active games, and physical problems to be solved through individual or group effort. The Mobile Team Course and Teambuilding Program involves physical activities such as: a partner blindfolded walk, crossing an area on platforms without touching the ground using boards to travel from platform to platform, a trust fall into the arms of fellow participants, a "spider's web" (passing team members through opening in a rope net), etc.

In consideration of my participation in the **CMPD Leadership Reaction Course**, and intending to be bound for myself, my heirs, executors and administrators, I waive and release any and all claims for any injuries and damages that I may have at any time against the City of Charlotte, Charlotte-Mecklenburg Police Department, their officers, employees, volunteers, and agents.

In signing this Release, I have considered that the participating in the **CMPD Leadership Reaction Course** may be hazardous under certain conditions and can lead to serious injury or death. I understand and accept that the **CMPD Leadership Reaction Course** ("Activity") may expose me to both known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, my property, or third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. Some of the risks that may be present or occur include, but are not limited to: the hazards of traveling by foot or vehicle to & from the course; using climbing harnesses, ropes, carabiners, and other climbing equipment; objects falling from above, including but not limited to ropes, carabiners, other climbing gear, boards, cables, nuts & bolts & other construction materials, cameras, and personal gear, tree branches, other people, etc. falling from course elements and landing on ground, or falling against cables, ropes, trees, platforms, beams, other people, etc.; getting tangled in ropes or cables; failure of ropes, cables, bolts, nuts, platforms, beams, boards, harnesses, etc.; injuries inflicted by animals, insects, reptiles or plants; the forces of nature including lightning, weather changes, hypothermia, hyperthermia, sunburn, high winds, and other hazardous conditions; the physical exertion and stress associated with this strenuous outdoor activity.



**Charlotte-Mecklenburg Police Department  
Leadership Reaction Course  
Waiver of Participant Liability**

I understand that this Activity is not a requirement. My participation in this Activity is purely voluntary, and I elect to participate knowledgeable of the risks. I understand that I will be given the option to choose my level of participation in this Activity, and if I choose to participate, I hereby assume the risks associated with this Activity. I acknowledge that I have the right to decline to participate in any part of the Activity. Furthermore, I understand that I am free to decline to participate in any part or the entire Activity without penalty or any negative consequences whatsoever.

\_\_\_\_\_  
*Signature of Participant*

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date of Birth of Participant (MM/DD/YYYY)*

**If the participant is under the age of 18 years old than a signature from a parent or guardian is required:**

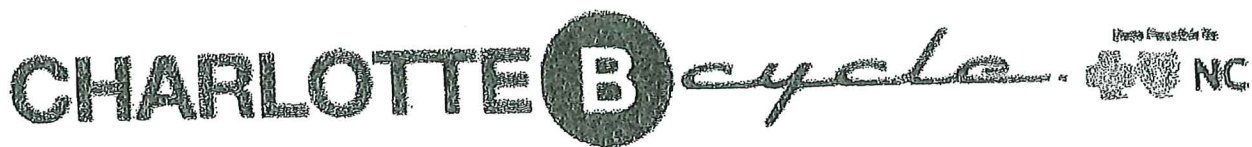
\_\_\_\_\_  
*Signature of Parent or Guardian*

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

\_\_\_\_\_  
*Date*

Group: \_\_\_\_\_

Activity Dates: \_\_\_\_\_



**Waiver and/or Limitation of Liability and Acceptance of Agreement by Rider**

FOR AND IN CONSIDERATION OF RENTAL AND USE OF THE BIKE, RIDER SPECIFICALLY FOREVER RELEASES AND RELINQUISHES AND DISCHARGES CHARLOTTE B-CYCLE, B-CYCLE, LLC, THE CITY OF CHARLOTTE, NORTH CAROLINA, ALL SPONSORS AS WELL AS OWNERS OF PROPERTY UPON OR NEAR WHICH STATIONS ARE LOCATED ("RELEASED PARTIES") FROM ANY AND ALL CLAIMS, LIABILITY, CAUSE(S) OF ACTION AND/OR DAMAGE OR WRONGFUL DEATH, INJURY TO OTHERS AND/OR THIRD PARTIES, WHICH ARISE OUT OF, RESULT FROM OR RELATE TO THIS AGREEMENT; THE RENTAL, MAINTENANCE, DESIGN, USE AND/OR OPERATION OF THE BIKE; THE B-CYCLE PROGRAM, AND/OR ITS WEBSITE, INCLUDING ANY AND ALL CLAIMS, LIABILITY, CAUSE(S) OF ACTION AND/OR DAMAGES RELATED TO THE SOLE OR PARTIAL NEGLIGENCE OF RELEASED PARTIES AND/OR THE NEGLIGENCE OF OTHERS. BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND CAUSES OF ACTION THAT RIDER (AND RIDER'S LEGAL GUARDIAN(S), IF APPLICABLE) MAY HAVE ARE HERBY WAIVED, RELEASED AND RELINQUISHED, AND RIDER (AND GUARDIANS(S), IF APPLICABLE) DOES (DO) SO ON BEHALF OF RIDER'S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

Rider expressly agrees to indemnify, release and hold harmless Released Parties from all liability for any such property loss or damage, personal injury or loss of life, whether caused by the sole or partial negligence of the Released Parties and/or the negligence of others, whether based upon breach of contract breach of warranty, active or passive negligence or any other legal theory, in consideration for using and/or operating the Bike.

Rider voluntarily agrees not to sue Released Parties, understands and recognizes that Rider will have no right to make a claim or file a lawsuit against Released Parties arising out of this Agreement, the rental, maintenance, design, use and/or operation of the Bike, the Charlotte, North Carolina B-cycle program, and/or this website, in consideration for using and/or operating the Bike.

This Agreement is governed by the applicable laws of North Carolina. If any provision of this Agreement is found to be unenforceable, all other provisions will be given full force and effect.

Rider expressly acknowledges that he/she has carefully read the entire Agreement and understands this Agreement, including, but not limited to, the Walver and Liability, Assumption of Risk and Indemnification Provisions fully expressly agrees to be bound by this Agreement. After careful deliberation, Rider voluntarily gives his/her consent and expressly agrees to all the conditions included in this Agreement as set forth above. Rider has read, understands and expressly agrees to the above Agreement.

This Agreement is effective upon signature by Rider.

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

Signature \_\_\_\_\_

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

Bike # \_\_\_\_\_ Check-Out Time \_\_\_\_\_ Check-In Time \_\_\_\_\_



**MECKLENBURG COUNTY PARK & RECREATION**  
**Liability Waiver and**  
**Release and Indemnification Agreement**  
**For Water Based Programs**

For good and valuable consideration, including the opportunity extended to me by Mecklenburg County through its Park and Recreation Department to engage in one of the Department's following Water Based Programs, including but not limited to:

Canoeing  
Geocaching & Kayaking  
Kayaking  
Sunset Canoeing & Kayaking  
Stand Up Paddleboards.  
Stand Up Yoga  
Kayak Fishing  
River Snorkeling

(hereinafter each being referred to as "Program" or collectively as "Programs")

*I do hereby unconditionally assume the entire responsibility and liability* for personal injuries or death sustained, or alleged to have been sustained, by myself or third parties in connection with, arising out of, or as a result of my acts, actions, activities and/or omissions while engaged in any of these Programs. In connection with the foregoing assumption of liability, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS Mecklenburg County and its officers, agents, employees, guides, contractors, sponsors, and other representatives (the "Releasees") from any and all losses, claims, suits, causes of actions, damages, fines, penalties, costs, liabilities and expenses (including, but not limited to, reasonable attorney fees and other costs and expenses of defending against any of the foregoing) arising, directly or indirectly, out of my acts, actions, activities and/or omissions, or those of others, while engaged in any of these Programs.

I understand and accept that engaging in any of the Programs listed above offered by the Mecklenburg County Park and Recreation Department expose me to many hazards, including, but limited to the following:

Contusions  
Dehydration  
Drowning  
Heat Exhaustion/Heat Stroke  
Hypothermia/Hyperthermia  
Insect stings/bites  
Paddle/boat accidents (impact injuries)  
Snake bite (including poisonous snake bites)  
Sprains/strains  
Sun Burn

I choose to participate in one of these Program activities in spite of these and similar risks and hereby assume all risk of injury or loss of life to myself and loss of or damage to property arising out of my participation in any of these Programs.

(Check yes or no) YES \_\_\_\_ No \_\_\_\_ I hereby grant permission to Mecklenburg County, North Carolina, and its employees, agents, and assignees, the right to photograph myself or my child or use my or their picture for purposes of advertising, publicity, trade, or otherwise, as still photographs, transparencies, motion pictures, television, web images, or other media or means of reproduction, transmission, or exhibition. I release Mecklenburg County, its employees, agents, associates, successors, and assignees from any and all claims for damages or compensation for any claims based on the use or sale of said materials. I hereby waive the right to inspect, approve, or edit said material.

I agree to listen, understand and follow all instructions and warnings from the instructor during the Program. I understand that following the instructions and warnings of the instructor reduces, but does not eliminate, the risk of injury.

I also understand that if at any point I feel that I am incapable of participating in any of these Programs or following the instructions I have seen and heard, it is MY responsibility to end my participation in the Program. Additionally, if I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of the nearest instructor immediately.

After having contemplated the above, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.

\_\_\_\_\_ *I consent to emergency medical treatment in the event I suffer any injury and/or illness while participating in the Program. I understand and accept that any medical costs incurred with respect to such medical treatment will be my responsibility.*

\_\_\_\_\_ *I certify that I am not under the influence of alcohol or drugs.*

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS DOCUMENT IS AN ASSUMPTION OF RISK, WAIVER AND A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY. I ALSO UNDERSTAND THAT I SHOULD NOT AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF I AM UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

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

\_\_\_\_\_  
Signature of Parent/Guardian  
if Participant is under 18 years of age

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

Signature witnessed by: \_\_\_\_\_



**WSOC PROPERTY TOUR**

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

Phone (Optional): \_\_\_\_\_ (Mobile/Home)

EMAIL (Optional): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ (Mobile/Home)

**RELEASE, WAIVER OF LIABILITY & PHOTO/VIDEO RELEASE**

I have chosen to participate in the tour of the WSOC Television, LLC ("WSOC") facilities (the "Tour") of my own volition. I understand and agree that the Tour, as with other tours, presents certain risks, which may include, accidents, injury, property damage or even death. I agree that by participating, I accept these and as well as any other risk or property damage that may arise from or in connection with the Tour.

I hereby release, waive, discharge and covenant not to sue WSOC, including its owners, agents, officers and employees, from any claim, damage or cause of action of any and all kinds that may arise from or in relation to the Tour. I accept any and all risk of injury or property damage that may arise as a result of my participation in the Tour. This Release is binding upon me, my heirs, assigns and successors.

During the Tour, I understand and agree that WSOC, its employees, agents or designees, may take photos and/or video of the Tour, including of me. In consideration of the opportunity to participate in the Tour and to have image(s) and/or video of me ("Media") published and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and received, and without royalties or further compensation, I grant to WSOC and its affiliates and permittees the right to edit and modify the Media and to use and publish the Media, including my image, name and biographical information, in any medium, including TV, radio, print, social, digital and other mediums that may be developed in the future, and including for promotional, advertising and marketing purposes. I waive any right to inspect or approve the use and/or publication and release and discharge WSOC, its affiliates and permittees, from any and all claims and demands arising out of or relating to the use of the Media, including any claim for defamation, misappropriation, right of publicity, false light, invasion of privacy and copyright infringement.

I understand and agree that providing my phone and email contact information is optional. I understand that WSOC may use this information to contact me with information about the Tour. Further, I understand and agree that WSOC may use my contact information, from time to time, to provide me with other marketing and promotional messages.

I understand that this Release is intended to be as broad in scope and as inclusive as is permitted under North Carolina law. In the event that any portion of this Release is deemed unenforceable by a court of competent jurisdiction, I agree that this Release shall be amended to achieve its purpose and be as broad as is legally permissible, and, in any event, all other terms of the agreement are to remain in full force and effect.

This Release is the entire agreement between the parties and supersedes any and all documents, promises or understandings relating to the subject matter hereof. By signing below, I affirm that I have read and understood this Release, that I am of sound mind, at least 18 years of age (or my parent or guardian has signed to affirm their agreement with these terms), and that I agree to the terms of this Release.

\_\_\_\_\_  
Adult Guest Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (as applicable)

\_\_\_\_\_  
Date