



FORSYTH COUNTY SHERIFF'S OFFICE

Sheriff Ron H. Freeman

Teen Interception Program

APPLICATION FOR ENROLLMENT

Non-Mandated Teens



Applicant's Name

Parent's/Legal Guardian's Name

Address

City, State, and Zip Code

Date of Application

Forsyth County Sheriff's Office

Teen Interception Program

How to apply:

1. On cover sheet give the name the Teen wishes to be called and their full address.
2. The parent/Legal Guardian should fill out the application in this packet.
Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.
5. Any questions not pertaining to the Teen individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

IMPORTANT:

Truthful and complete responses to this application are a necessity.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

The completed application should be emailed to tip@forsythco.com.

The completed application can also be dropped off or mailed to 100 East Courthouse Square, Cumming, Georgia 30040 Attention Cpl. Page Cash.

For additional information please contact (678-455-8501) or email (tip@forsythco.com)

Thank you for your interest in this life changing program

Forsyth County Sheriff's Office

Teen Interception Program

Has the Teen previously attended any other class or program? YES NO

If so, please list

Program name: _____

Program address: _____

Program phone number: _____

Did the Teen complete the program? YES NO

If yes, how long was the program? _____

Was the program outpatient or inpatient? _____

If the program was not completed please provide the reason for not completing the program _____

Do you know anyone who has attended the Teen Interception Program or the Reality Check at McDonald and Son Funeral Home in the past? YES NO

If YES, Name & Phone number of person: _____

Has the Teen ever received a Juvenile Complaint or had any other disciplinary action at school or with Law Enforcement? YES NO

If yes, charge: _____ When: _____

Please Explain:

Is the Teen currently on probation, informal adjustment or release condition or involved in any pretrial diversion program? YES NO

If yes, what : _____

Probation Officer's name: _____

Probation Officer's phone number: (_____) _____ - _____

Explain if other than probation:

Forsyth County Sheriff's Office

Teen Interception Program

*****THIS PAGE MUST BE NOTARIZED*****

PHOTOGRAPH AND VIDEO RELEASE

This Release is Optional

I grant to the Forsyth County Sheriff's Office, its representatives and employees the right to take photographs of my Child/Juvenile and my property in connection with my involvement with the Teen Interception Program. I authorize the Forsyth County Sheriff's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Forsyth County Sheriff's Office may use such photographs of my Child/Juvenile with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and internet content.

I have read and understand the above:

Parent's / Legal Guardian's Printed Name _____

Parent's / Legal Guardian's Signature _____

Date ____/____/____

Teen's / Applicant's Printed Name _____

Teen's / Applicant's Signature _____

Date ____/____/____

Forsyth County Sheriff's Office

Teen Interception Program

THIS PAGE MUST BE NOTARIZED

WAIVER AND RELEASE OF LIABILITY AND COVENANT NOT TO SUE

I, _____, (participant's name) acknowledge that I am fully aware that by participating in the Teen Interception Program ("TIP") I am required to comply with all the requirements, rules and regulations of TIP and I further warrant that I consent to be bound the TIP requirements, rules and regulations, whether I have chosen to participate in TIP or have been mandated to participate.

I understand that my participation in TIP will educate me on the harmful and sometimes deadly consequences of drug and alcohol use and abuse. This education may include images that are graphic and depict deceased abusers of drugs and alcohol. This education may include testimonials and other stories of drug and alcohol abuse and the consequences of same. The education on these consequences may include discussions on death, financial consequences, restraints on liberty, and consequences to my family, friends and other loved ones. I further understand that I may be involved in supervised field trips to detention facilities, mortuaries and site visits with homeless drug addicts and other drug addicts. I also understand that I may be required to participate in the Reality Check program. This program could be emotionally disturbing or distressful.

I agree that my participation in and with TIP is **AT MY OWN RISK** and I acknowledge that there are certain risks involved, such as, but not limited to exposure to graphic images, facts and stories regarding drug and alcohol use and abuse and exposure to individuals who may have a criminal history, may be incarcerated, may be addicted to or have been addicted to drugs and alcohol and who may be under the influence of drugs or alcohol during my interaction with them. These individuals may also suffer from mental health issues that are treated or untreated. I **WAIVE** my right to file a lawsuit against the Sheriff of Forsyth County and/or the Forsyth County Sheriff's Office, and his/its agents, employees and assigns for any injury or loss resulting from my participation in TIP. I also **RELEASE** and **HOLD HARMLESS** the Sheriff of Forsyth County and the Forsyth County Sheriff's Office from any claim or lawsuit for personal injury, damage of any kind or wrongful death, by me, my family, my estate, my heirs or my assigns, arising out of my participation in TIP, including both claims arising during the TIP program and after I complete or otherwise end my participation in TIP and including claims based on negligence of other participants or of the Forsyth County Sheriff/Forsyth County Sheriff's Office and his/its employees and assigns, whether passive or active.

I further understand and agree that the Forsyth County Sheriff/Forsyth County Sheriff's Office makes **NO WARRANTIES**, express or implied as to TIP, the property or locations on which TIP takes place, any activity or field trip used in TIP, any persons in attendance or assisting

Participant Initials: _____

Page 1 of 3

Parent/Guardian Initials: _____

with TIP, my likelihood of success at rehabilitation from drugs or alcohol, or any other warranty, condition, guaranty or representation, whether oral, written or in electronic form, relating to TIP.

I understand that the use and abuse of alcohol and drugs can cause death and other serious health implications and I agree that I **RELEASE** and **HOLD HARMLESS** the Sheriff of Forsyth County and/or the Forsyth County Sheriff's Office, his/its employees, agents and assigns from any criminal action, injury, damage, illness or death that I may suffer as a result of my use and/or abuse of alcohol and/or drugs whether arising during TIP or thereafter.

In the event that I am physically injured or otherwise require emergency care, I give permission to the Forsyth County Sheriff's Office or any of its agents under TIP to secure from any licensed hospital, physician, or medical personnel any treatment considered necessary for my immediate care. I agree to be responsible for payment of any and all medical services rendered.

I further agree that in consideration for my opportunity to participate in TIP, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby **COVENANT** for myself, my heirs, my assigns, my representative, my Estate and any other person authorized to act on my behalf **NOT TO SUE** and not to make any claim, demand, commence, prosecute, allow to be commenced or prosecuted in my name any action at law or in equity against the Sheriff of Forsyth County and/or the Forsyth County Sheriff's Office or his/its agents and employees because of any injury, claim, loss, damage, death or action sustained or resulting to me as a result of my participation in any activities of TIP.

I fully understand that this Waiver of Liability and Covenant Not to Sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or my assigns and I **ACCEPT** this defense and **WAIVE** any right to counter this defense. I further warrant that I fully understand the terms, conditions and limitations of this Waiver of Liability and Covenant Not to Sue and that I am executing this document voluntarily and with full knowledge and understanding of its contents and its effect on me and my rights.

I/we, _____, being the parent(s) or guardian(s) of the child listed above hereby acknowledge and agree to be bound by all the terms and conditions contained in this Waiver of Liability and Covenant Not to Sue and we hereby **ASSUME ALL RISKS, WAIVE** all rights, **COVENANT NOT TO SUE** and **RELEASE** and **HOLD HARMLESS** all persons described herein on behalf of our child/ward and for myself/ourselves personally, including claims based on negligence, whether passive or active. By affixing my/our signature(s) hereto, we agree to be fully bound by this Waiver of Liability and Covenant Not to Sue as if I/we were participating in the program ourselves and understand that this Waiver and Covenant is completely applicable to me/us for all claims, rights, actions or lawsuits that may accrue to me/us personally or due to my/our relationship with the participant child.

[Signatures on Following Page]

Participant Initials: _____

Parent/Guardian Initials: _____

This _____ day of _____, 20_____.

Participants Signature

Participants Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

STATE OF GEORGIA
COUNTY OF FORSYTH

I, _____, Notary Public, certify that _____ as participant, either known to me or upon showing valid identification and _____ as parent/guardian of participant, either known to me or upon showing valid identification and _____ as parent/guardian of participant, either known to me or upon showing valid identification, all personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20_____.

Notary Public

My commission expires:_____

Participant Initials:_____

Parent/Guardian Initials:_____