



Richland County Sheriff Department
Crossroads Program

I _____ give permission for _____ to attend the following trip:
Participation in the Crossroads Program. Transportation is provided by Richland County Sheriff Department.

I understand that the deputies will make every effort to reach me in the event of an emergency. If treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

Parent or Legal Guardian does hereby agree to release and hold harmless the Richland County Sheriff Department, and the Alvin S. Glenn Detention Center from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Name of the Trip.

Check one

I agree that my child can be placed in a cell during the tour. There will not be any inmates around at all during this part of the tour.

I do not want my child to be placed in a cell at all.

School attending _____ Parent's Phone Number _____

Child's Date of Birth _____

Reason for recommending this child to attend the program:

Child's Hobbies:

Child's goals for employment:

Parent's signature _____

No gang related colors derogatory messages printed on clothing, no ipods gaming devices etc.