



Please mail application to:
Richland County Sheriff's Department
SRO Division Attn: Leadership Camp
5623 Two Notch Rd
Columbia, SC 29223

Richland County Sheriff's Department Leadership Camp Youth Summer Camp 2017

**** Parents: There is a \$50 cost to attend this two-week camp. That fee includes snacks, drinks, and field trips. The money must be paid on the first day of camp.**

Student's Name: _____

Address: _____

Phone Number: _____ **DOB:** _____

Parent/Guardian & Relationship: _____

School child will be attending in the fall: _____

Release of Liability

This is to certify that I, _____ desire for my child
_____ to participate in the Richland County Sheriff's Department
Youth Leadership Camp scheduled at the _____ between
the dates of _____ and _____.

I, being of sound mind, hereby release the Richland County Sheriff's Department and all of its partners, including Richland School District One, Richland School District Two, and Lexington-Richland School District Five, and their agents and employees, from any and all liability and/or consequences arising from my request to allow my dependant(s) to participate in the aforementioned activity associated with the Richland County Sheriff's Department Summer Camps. I hereby sign this release entirely on my own volition, without any threats, coercion, or encouragement from any agent of the Richland County Sheriff's Department

Sign and Date