



Robert W. Ogden
Sheriff

Commonwealth of Massachusetts
County of Dukes County
Office of the Sheriff



508-627-5328

Date:

Dear Parents:

On behalf of Sheriff Robert Ogden of the Dukes County Sheriff's Office, I invite your child to attend the Drug Prevention Operations Challenge Ropes Course.

His/Her adventure will begin on _____ . The course is located in the Martha's Vineyard Airport Industrial Park. Coming from Edgartown Vineyard Haven Road, proceed onto Barnes Road/Airport Road, take a right at the Mobil Station sign, the course is on your immediate right.

Please bring the necessary registration forms to your child's teacher prior to the date listed above. They are provided with this letter and it must be completely filled out for your child to participate.

You are responsible for providing your child's lunch and beverages. It is strongly recommended that your child bring a bag lunch, as the lunch break will only be ½ an hour and will take place on-site. Also, if you do not intend for your child to participate, they are still required to attend school. Arrangements will be made with the Tisbury School to accommodate your child.

It is important that your child dress appropriately for this time of year. Temperature and climate can change quickly, especially during the spring months. Please ensure that your child is dressed comfortably, loose fitting layers with materials that wick away water from the skin are best in colder weather.

Some suggestions for articles to bring:

- Loose fitting pants (i.e. jeans)
- Water proof boots
- Sweatshirt/jacket
- Gloves
- Backpack
- Water Bottle
- Sunscreen
- Hat

We look forward to being with your child during their Adventure. Please contact Major Sterling Bishop if you have any questions regarding the program.

Sincerely,

L.E.A.D. Officer
Director of Drug Prevention
(508) 816-2848

**DUKES COUNTY SHERIFF'S OFFICE / OAK BLUFFS POLICE
DEPARTMENT
DARE OPERATION CHALLENGE ROPES COURSE**

School name: _____ Program date: _____

Student Program Applicant Information

To Parents: Thank you for completing this form on behalf of your son or daughter. The D.A.R.E. Operation Challenge Ropes Course is a collaborative effort between the Dukes County Sheriff's Office and The Oak Bluffs Police Department, through funding from the Governors Alliance Against Drugs and is strictly developed as a non-profit educational tool. Our programs use a wide variety of games, team building activities, and low and high challenge course activities. Although some of these activities can be physically demanding, they are designed to be within the capability of any student who is in reasonably good health.

Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past medical conditions that could affect their participation, please let us know.

If you have any additional questions about this program please contact us through the phone numbers provided with this documentation.

--Thank you

Part One: General Information

Students Name: _____ Age: _____

Date of Birth: ____ / ____ / ____ Ethnicity: _____ Sex: M _____ F

Home Address: _____

Parent (s) / Guardian (s) name: _____

Home Phone #'s: (____) _____ - _____

Business phone #'s: (____) _____ - _____

If you are not available in an emergency situation, please indicate an additional person to be notified:

Name: _____ Phone#: () _____ - _____

Relationship to student: _____

Address: _____

Part Two: Insurance Information

Is this student covered by family medical/hospital?

Insurance Yes / No

If so, indicate carrier or plan name _____ Group #:

Carrier address: _____

Name of insured: _____

Relationship to participant: _____

Part Three: Medical Questions

A. Does your child have any current or past medical conditions that could affect their ability to participate in D.A.R.E. Operation Challenge Ropes Course activities? Yes / No

If yes, identify and explain:

B. Is your child currently taking any medications? Yes / No

If yes, please state what he or she is taking and the condition being treated:

C. Does your child have any of the following conditions?

recent injury or infectious disease

diabetes

chronic or recurring illness

asthma

Allergies (medication, food, bee sting, etc.)

recent surgery

If any of the above six boxes are checked, please provide additional information:

Part Four: Release of Liability - Acknowledgment of Risk

I understand that this D.A.R.E. Operation Challenge Ropes Course program will be conducted outdoors and that it is designed to be challenging, as well as educational. I recognize and acknowledge that although the program has been carefully designed and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete and I agree to hold the Martha's Vineyard D.A.R.E. Operation Challenge Course harmless if full disclosure of a pre-existing medical condition has not been provided.

In consideration for permission to enter and to use the facilities of the Martha's Vineyard - D.A.R.E. Operation Challenge Course, I hereby agree to assume all risk of injury to my child or damage to my child's property as a result of him/her being on and/or using the facilities of the course. I hereby release and hold harmless the Martha's Vineyard - D.A.R.E. Operation Challenge Ropes Course, the County of Dukes County, the Dukes County Sheriff's Office, the Town of Oak Bluffs, the Oak Bluffs Police Department, and/or any subdivision, agent, servant or employee of any of the aforementioned entities or any municipality of Martha's Vineyard from any liability for damage or injury to my child and/or property while my child is on, or utilizing the facilities of the Course.

I further agree on behalf of myself, my child, my heirs, successors, legatees and assigns, to defend, indemnify and otherwise hold harmless the Martha's Vineyard- D.A.R.E. Operation Challenge Ropes Course, the County of Dukes County, The Dukes County Sheriff's Office, the Town of Oak Bluffs, the Oak Bluffs Police Department, and/or any subdivision, agent, servant or employee of any of the aforementioned entities or any municipality of Martha's Vineyard in any and all actions brought in law or equity which may be brought against them for damage or injury to any person or his/her property which may arise out of conduct, allegedly performed by myself, my child or my agents, servants or employees be it intentioned permission to enter and use the facilities of the Course.

I agree that my child will comply with and follow all policies, regulations, safety instructions, and all directions of the D.A.R.E. Operation Challenge Ropes Course staff. I understand that their failure to do so will result in their being removed from the course.

Parental Consent

I (the parent or guardian) _____ agree to the above release on behalf of my minor child (student name) _____ and consent to his/her participation in the events to be held on the D.A.R.E. Operation Challenge Ropes Course.

I HAVE READ THE PRECEDING RELEASE AND INDEMNIFICATION ABOVE AND UNDERSTAND ALL THE AGREEMENTS, MY ASSUMPTION OF RISK, LIABILITY AND THE WARNINGS CONTAINED THEREIN.

Participant's Name: _____
Print

(Parent or Guardians Name if under 18 - print)

Signature: _____

Parent or Guardian Signature if under 18)

Address: _____

Parent or Guardian Address:

Phone: () - _____

Parent/Guardian Telephone: () - _____

Date: _____

Date: _____

For office Use Only

Reviewer: _____ Date of review: ____/____/____

Witnessing Official: _____ Department: _____