



# MAINE STATE POLICE JUNIOR TROOPER ACADEMY CAREER ORIENTATION PROGRAM APPLICATION



**June 25th to June 27th, 2024**

		S	M	L	XL
Name (First, MI, Last)		shirt size (circle)			
		M or F	-	-	
Street Address	Male or Female (circle)	Date of Birth			
City	State	Zip			
High School	Grade entering in fall				
Home Phone	Email				
Emergency Contact Name	Emergency Contact Phone Number(s)				

Please list any medical conditions or special accommodations you feel we should know about:

Along with this application, please include the signed medical release form, photo release form and medication form along with an essay (approximately 100 words) explaining what your future goals are after graduation and why you wish to attend this program.

***Please return application, waiver forms, and essay by April 19th, 2024 to:***

***Maine State Police Junior Troopers  
15 Oak Grove Rd  
Vassalboro, ME 04989***

**MAINE STATE POLICE CAREER ORIENTATION PROGRAM  
CONSENT FOR MEDICAL TREATMENT & WAIVER FORM**

**PARENT(S)/GUARDIAN(S):** Please review this Consent for Medical Treatment & Waiver Form carefully before signing below. Thank you.

***CONSENT FOR MEDICAL TREATMENT***

In the event my/our child is injured or becomes ill while participating in the Maine State Police Career Orientation Program (hereinafter "Program"), and I/we am/are unable to ensure that he or she receives appropriate medical treatment, I/we hereby consent for my/our child to be provided with whatever medical and/or surgical procedures or treatment that, in the best judgment of the attending physician at the medical treatment facility to which my child is brought by Program personnel, is considered necessary.

I/We understand that in the event of a serious illness or injury, Program personnel will make reasonable efforts to notify me/one or both of us.

***WAIVER***

In consideration for our child's opportunity to participate in the Program, I/we, as the parent(s) or guardians(s) of the Program Participant named below, hereby release and forever discharge the Maine State Police, the Department of Public Safety, the State of Maine, and all of their officers, directors, employees, agents, and representatives (the "Releasees") from any and all liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any Releasee, arising directly or indirectly from, or attributable in any legal way to, any negligence, action, or omission to act of any Releasee in connection with my/our child's participation in the Program.

I/We understand that during the Program, my/our child, as a Program participant, will participate in activities that may cause moderate stress and that will require physical exercise. I/We also understand that my/our child may observe demonstrations by Maine State Police Specialty Teams (including, for example, the Maine State Police Tactical, Canine, Underwater Recovery, and Bomb Teams), as well as participate in such Program courses as "Drill and Ceremony" (marching), "Introduction to Self-Defense," "Motor Vehicle Stops," and police "Cruiser/Equipment Orientation."

I/We agree that this waiver extends to all acts of negligence of any Releasee and is intended to be as broad and inclusive as is permitted by law. Should I/we or my/our successors assert a claim in contravention of this waiver, I/we or my/our successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are financially adjudged liable on such claim for willful and wanton negligence.

**I/WE HAVE READ THIS WAIVER PROVISION CAREFULLY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT (INCLUDING THE RIGHT TO BRING NEGLIGENCE CLAIMS AGAINST THE RELEASEES), AND INTEND MY/OUR SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

**I/WE HAVE CAREFULLY REVIEWED** this *Consent for Medical Treatment & Waiver Form*, and hereby provide my/our signature freely and voluntarily.

PROGRAM PARTICIPANT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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



**MAINE STATE POLICE**

**FORM: PERMISSION TO USE IMAGE**

I, **(PRINTED NAME:)** \_\_\_\_\_, hereby grant permission to the Maine State Police and its authorized representatives to use digital images, printed images, and video recorded images (hereinafter “images”) taken of me, in Maine State Police publications, including, but not limited to, printed and electronic publications and publicly accessible social media websites. I further grant permission for my identity to be disclosed in descriptive text or commentary in connection with the image(s) used. I also understand and agree that the use of such images will be without compensation to me.

Having read and understood the above, I freely and voluntarily here sign:

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**WITNESS PRINTED NAME**

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**FORM: PERMISSION TO USE IMAGE OF MINOR CHILD**

I, **(PRINTED NAME:)** \_\_\_\_\_, hereby grant permission to the Maine State Police and its authorized representatives to use digital images, printed images, and video recorded images (hereinafter “images”) taken of my child, in Maine State Police publications, including, but not limited to, printed and electronic publications and publicly accessible social media websites. I further grant permission for my child’s identity to be disclosed in descriptive text or commentary in connection with the image(s) used. I also understand and agree that the use of such images will be without compensation to my child or me.

Having read and understood the above, I freely and voluntarily here sign:

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT OF MINOR CHILD**

\_\_\_\_\_  
**PRINTED NAME OF MINOR CHILD**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**WITNESS PRINTED NAME**



## Junior Trooper Academy Medication Form

Name of attendee: \_\_\_\_\_

List medication(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***All prescriptions must be in original prescription bottles.***

***\*Note: If you do not have any prescription medication, please note that  
and still return the signed form to us.***

Food Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious Exemptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attendee signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ (if attendee under 18)