

**San Diego County Law Enforcement
Explorer Academy
University of California San Diego**

2018 Academy Liability Waiver

This letter is to confirm that your daughter/son has parental permission to attend the 2018 Explorer Academy, August 5, 2018 – August 11, 2018 at the University California, San Diego (UCSD). Participants 17 or younger MUST have a Liability Waiver signed by their parent or legal guardian.

Explorer Name: _____

Date-of-Birth: _____ Age: _____ Gender: _____ Phase: _____

Agency: _____

Advisor: _____

I, _____, have met all the prerequisites for placement in the requested phase and meet the minimum physical fitness standards established by the San Diego County Explorer Academy. As a parent/guardian, I do not hold UCSD or its affiliates liable for any action or inaction on the part of the San Diego County Law Enforcement Explorer Advisors Association and/or the Learning for Life.

Parent/Guardian Signature: _____

Print name: _____

Phone Number: (Home) _____ (Cell) _____

Explorer Signature (18 or older): _____

Print Name: _____

**Please scan and email completed form to sdcleaaa@gmail.com
(Explorer must have a completed Liability Form on file or they will not participate)**

San Diego County Law Enforcement Explorer Academy
Agent Pricilla Graton
City of Chula Vista Police Department
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Chula Vista, CA 91910
(619) 385-6620 Cell