

City of Columbus Police Department

Participation Waiver

Parent/Guardian Consent (use if applicant is under 18 years of age)

I, the parent/guardian of the applicant named above, hereby give permission for my child to participate in all activities as directed by the Columbus Police Department's employees and members. I hereby give permission for my child to be interviewed and/or photographed as it pertains to the Columbus Police Department.

Child Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Direct to: Officer Julie Quesenbery