AUTHORIZATION TO PARTICIPATE IN SENTRY KIDS PROGRAM

The undersigned parent or guardian of, _____, hereby authorizes the
print child's name

Elk County Sheriff and/or his deputies or agents to fingerprint, photograph and retrieve information on said child for purposes of participation in the Sentry Kids Program. The fingerprints, photographs and information will not be placed on file with the Sheriff's Office but shall only be used for the Sentry Kids Identification Program.

By signing this document, the undersigned hereby releases the Elk County Sheriff, his deputies and/or agents from any and all liability arising out of the results of the fingerprinting, photographing and collection of information as provided above. By signing this document, the undersigned further states that they have the legal standing to sign such a document in regard to the above named child.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the undersigned executes this document for the foregoing purposes.

Date	Signature	Printed Name

Address: _____

_____

Date	Signature	Printed Name

Address: _____

_____