



ARVADA TEEN COURT

CITY OF ARVADA
MUNICIPAL COURT OFFICE
8101 RALSTON ROAD
P.O. BOX 8101
ARVADA, CO 80001-8101

Teen Court Coordinator
(720) 898-7171

APPLICATION FOR PARTICIPATION

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ D.O.B: _____

SCHOOL: _____ GRADE: _____

How did you learn about Teen Court? School Friend Newspaper Court Other

Please describe why you would like to participate in Teen Court:

Which of the following roles are you interested in filling? (Check all that apply.)

Juror _____ Defense Attorney _____ Prosecuting Attorney _____
Bailiff _____ Advisory Board Member _____

Why? _____

PARENTAL CONSENT FOR PARTICIPATION

I hereby give permission for _____ to participate in the Teen Court Program. I agree to provide adequate transportation for my child/ ward to and from the Teen court sessions.

Signature of Parent / Guardian

Date

ARVADA TEEN COURT APPLICATION - CONTINUED

WAIVER OF LIABILITY AND RELEASE

It is understood and agreed that the undersigned Teen Court Participant will perform solely as an individual on a voluntary basis and not as an employee, contractor, or agent of the City of Arvada and will not receive any benefits or compensation except as specifically provided for in the Agreement.

It is further agreed that the undersigned do hereby and forever release, acquit, discharge, indemnify, and covenant to hold harmless, the City of Arvada, its officers, agents, and employees from any and all actions, causes of action, claims, liability, demands, damages, costs, losses of service, medical expenses, and compensation, on account of, or in any way growing out of any and all known and unknown personal injuries, property damage, or any other type of damage, which the undersigned may hereinafter have, individually and/or as parent, guardian, or custodian of said minor, resulting or growing out of participation in or observation of the Teen Court Program.

I, the undersigned, give my permission for the City of Arvada or any other media or press outlet to video tape, photograph, or interview me as a result of my participation in or observation of Teen Court. Furthermore, I give permission for these organizations to use any such tape, photo, or interview without limitation as to time, manner, or frequency. I hereby waive any right to compensation for any such use.

In making this Agreement, I rely wholly upon my judgment, belief, and knowledge and have not been influenced to any extent whatsoever by any representations or statements not contained in this agreement.

Date: _____

Teen Court Participant's signature: _____

Parent / Guardian's signature: _____

Please print parent's name: _____ Parent / Guardian (circle one)