

Iron County Sheriff's Office
Junior Deputy Academy

Application Packet



Ken Carpenter, Sheriff

All application forms must be filled out completely and returned to the Iron County Sheriff's Office at 2132 N Main Street in Cedar City. Please call 435-867-7509 for more information.

CLASS WILL BE HELD FOR 2026: June 8th – 19th. Class runs M-F 8am – 4pm

**Iron County Sheriff's Office
Junior Deputy Academy**

Application

(Please PRINT – Make sure the application is completed in full)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: ___/___/___ **SSN:** ___-___-___

SEX: Male _____ Female _____

SCHOOL: _____ **GRADE:** _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

Applicant's Signature

Parent/Guardian Signature

MEDICAL SCREENING FORM – PAGE 2
Medical screening will be required to participate.

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT ON THE DATE STATED BELOW, A PHYSICAL EXAMINATION OF THE APPLICANT NAMED IN THIS MEDICAL SCREENING FORM, WAS COMPLETED. FURTHER, IT IS MY MEDICAL OPINION THAT THE EXAMINEE IS PHYSICALLY ABLE TO PARTICIPATE IN THE EXERCISE ACTIVITIES LISTED ON PAGE 1 OF THE MEDICAL SCREENING FORM.

Printed Name of Attending Physician

Date of Examination

Signature of Attending Physician

Iron County Sheriff's Office (ICSO)



Parental Permission to Video/Photograph Child

To promote the ICSO Junior Sheriff's Academy, the Sheriff's Office is producing a video/pictures that will feature this year's class. The video/pictures will appear on Facebook, as well as possibly the ICSO website and other social media, run by the county. We would like to have your permission to film your child for use in this project. In addition to the video, we may also take still images which would be used for future brochures or other promotions.

For your child to be included in this video/pictures, or for us to use still images of your child, we need your permission to do this. Would you please take a moment to read and sign this document to provide your permission?

In consideration of my child's appearance in videos or other promotional materials to promote the ICSO Youth Academy, I hereby permit the following:

A) The unrestricted right to copyright and use, publish and republish video or photographic portraits of my child for the sole purpose of promoting the ICSO Youth Academy.

B) I hereby relinquish any right I may have to examine or approve the completed video, brochures, or the written copy or printed matter which may be used in the promotion of the ICSO Youth Academy.

C) I hereby release and agree to hold harmless the ICSO/Iron County and all persons acting under their authority from any liability for any blurring, distortion, or optical illusion for any video or photograph that may appear, including any claims for libel or invasion of privacy.

D) I hereby affirm I am over the age of majority and have the right to contract on behalf of my child. I have read the above authorization, release, and agreement, before its execution; I fully understand the contents thereof.

Dated: _____

Print Name of Child: _____

Print and Sign Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Witness Signature: _____



Parental Waiver and Release Form

As the parent or legal guardian of the child named below, I give my full consent and approval for my child to participate in the ropes rappelling training scheduled on or about June 2026. I understand that there are certain risks of injury inherent in the practice and participation of this training, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless Iron County, its' Officers, and Representatives for any injury that may be suffered by my child in the participation of the ropes rappelling training thereto, whether the result of negligence or any other cause.

Name of Child

Date of Birth

Street Address

City

State

Grant Child Participation in Rappelling Training on June 8rd – 19th, 2026 **Yes** **No**

Parent Signature

Date



RELEASE OF LIABILITY

READ CAREFULLY- THIS AFFECTS YOUR LEGAL RIGHTS

WHEREAS, this waiver pertains to certain voluntary activity associated with the Iron County Sheriff's Office, which activity has certain accompanying risks; and

WHEREAS, the signor of this waiver indicated a desire to participate as a volunteer for and with the Iron County Sheriff's Office; and

WHEREAS, the Iron County Sheriff's Office has no objection to the volunteer's participation in certain activities, but seeks to clarify the waiving of certain liability between the volunteer and the Iron County Sheriff's Office.

NOW THEREFORE, in anticipation of _____ activity with the Iron County Sheriff's Office,

I, _____, of _____,
(Name) (Address)

Agree to the following:

1. **ASSUMPTION OF THE RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and further release and discharge Iron County for injury, loss, or damage arising out of my voluntary participation, whether caused by myself, an assisting party, Iron County, or other third parties.
2. **INDEMNIFICATION.** I agree to indemnify and defend Iron County against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my voluntary participation.
3. **APPLICABLE LAW.** Any legal or equitable claims that may arise from participation in the above shall be resolved under Utah law.
4. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this waiver and that I have been given a reasonable opportunity to review it before signing. I further

agree and acknowledge that I am free to have my own legal counsel review this waiver if I so desire.

- a. I (AM) (AM NOT) signing this waiver with the advice of legal counsel and am satisfied with my decision to proceed with the execution of this waiver.

- 5. DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using Alternative Dispute Resolution (ADR) procedure, and be submitted to mediation. If mediation is not successful, any outstanding issues will be submitted to final and binding arbitration.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

By: _____

Date: _____

SIGNATURE OF LEGAL COUNSEL
(IF APPLICABLE)

Date: _____

I _____ being the parent of _____ a cadet in the Iron County Junior Deputy Program understand the following and agree to allow my child to participate. The Iron County Sheriff's Office is providing my child the experience of learning how officers conduct field sobriety testing when it comes to DUI arrests. To get the full effect of this experience, my child will be exposed to people who are under the influence of alcohol. This will be in a controlled environment and an environment conducive to learning. It will be monitored by the Junior Deputy Program Staff.

Signed

Date

ICSO JR DEPUTY ACADEMY BEHAVIOR POLICY

While it is the intention of the Iron County Sheriff's Office to provide a fun learning environment for the cadets in the Jr. Deputy Academy, misbehavior will not be tolerated. Safety during the academy is of the utmost importance. The cadets will be participating in activities wherein people may get injured if safety rules are not followed. Also, disrespect to other cadets, instructors, or members of the Iron County Sheriff's Office will not be tolerated.

If any instructor deems that a cadet is acting in an unsafe or disrespectful manner, that cadet will be removed from class and subject to discipline. This would include a verbal warning, being sent home for the day, and being dismissed from the academy. All incidents will be reviewed by the academy staff before any disciplinary action.

ANY ACTS OF DISHONESTY WILL BE GROUNDS FOR DISMISSAL FROM THE ACADEMY.

I _____ have read this policy and agree to abide by it.
PRINT NAME HERE

Signed _____

DATE _____

Parent (If cadet is under 18) _____

ICSO JR DEPUTY ACADEMY ACADEMIC AND ATTENDANCE POLICY

The following standards are the policy of the Iron County Jr. Deputy Academy for the cadet to graduate. 70% on all academic tests and on the defensive tactics test. The student will only be allowed to miss 1 day, or up to 8hrs, of class time.

I _____ have read this policy and agree to abide by it.
PRINT NAME HERE

Signed _____

DATE _____

Parent (If cadet is under 18) _____

Required Uniforms

Items Ordered by the ICSO

Black & White Polo Shirt --- Size _____

Black & White PT T-Shirt ---- Size _____

Black PT Shorts ---- Size _____

Black Hoodie ---Size _____

Items to be purchased by student prior to academy.

These items can be purchased anywhere.

Shoes ---- Black Polishable (Boots or Dress Shoes)

Example --- <http://bdu.com/mens-footwear?min=0&max=50&kwid=496,1>

Pants --- Black BDU Style

Example---<http://bdu.com/bdu-pants?kwid=1>

Belt --- Black Leather with silver buckle

Example --- <https://www.galls.com/lawpro-1-1-2-w-leather-garrison-belt?PMSRCH=black%20belts>

**** If cost is an issue contact Deputy A. Teeples at 435-867-7500 or 435-867-7509 to make other arrangements. No student will be turned away for financial reasons.