

Coroner's Visitation Summer Camp Program

Clark County Coroner's Office

1704 Pinto Lane

Las Vegas, NV 89106

702-455-3210

PLEASE ARRIVE BY 5:45 PM WITH A PHOTO ID
DOORS CLOSE AT 6:00 PM – NO LATE ENTRY ALLOWED
"There is no admittance after class begins"

CONSENT FORM

As a participant of the Coroner's Visitation Summer Camp Program, I understand that the purpose of the program is to educate the individual of the consequences of their actions and decisions.

1. I will be viewing actual photos present on a computer monitor.
2. I may hear or read about tragic stories as told by the instructors.
3. I will walk through the Coroner's Office and may experience overwhelming smells, view blood, body parts or covered deceased bodies.

This course will take three (3) hours. Students will be encouraged to express their reactions to the experience and certificates will be awarded upon successful completion of the program.

___/___

1. All large purses and/or backpacks are subject to search prior to admission to class. They all must be placed at the front of the room during the class at the discretion of the instructor.

___/___

2. All phone head sets and/or ear buds must be removed and stored during class.

___/___

3. All students must leave the premises immediately after the class. If you have someone picking you up, they must arrive by 9PM as the office is not open to the public at that time of the evening.

___/___

4. It is recommended that you dress in layers. No tank tops, no shorts or short skirts, no flip flops allowed. You will be taking a tour of our building and our training room is normally cool/cold.

I have been informed of the above and understand the purpose, nature and scope of the program. I agree to participate in this course.

Name: _____

Student Print Name

Signature: _____

Student Signature

Name: _____

Parent/Guardian Print Name

Signature: _____

Parent/Guardian Signature

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CONFIDENTIALITY AGREEMENT, RELEASE OF LIABILITY AND CONSENT

The undersigned juvenile will participate in the Coroner's Visitation Summer Camp program at the Clark County Coroner's Office.

The undersigned juvenile will participate in a course exposing him/her to the consequences of actions resulting in death through a guided review of local case histories. The course will involve a tour of the Coroner's Office and the participants will be exposed to the sights, smells and scenes of death resulting from the choice of reckless behaviors.

The undersigned juvenile will not see an autopsy, but will be exposed to all aspects of the Coroner's Office, including but not limited to covered bodies, and skeletal remains.

The undersigned juvenile will also be exposed to graphic and/or emotionally upsetting material, including but not limited to photos, slides and videotapes.

The undersigned juvenile agrees to hold in strictest confidence the names and/or identities and personal information of any person and/or decedents revealed through the study of local case histories.

The undersigned expressly and knowingly assumes any and all risks arising from and related to this program. The undersigned expressly agrees to fully and forever release, acquit, waive and discharge liability of the Clark County Coroner's Office and any of their employees, volunteers, agents or independent contractors, for any sole act, joint act and/or omission (not amounting to gross negligence or willful misconduct), resulting in individual or collective claim(s), losses, damages, personal injuries, emotional distress or illness of the undersigned.

The parent/guardian of the undersigned juvenile hereby consents and authorizes the undersigned juvenile to attend, participate and complete the Coroner's Visitation Summer Camp Program.

Name: _____
Student Print Name

Signature: _____
Student Signature

Name: _____
Parent/Guardian Print Name

Signature: _____
Parent/Guardian Signature

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ATTENDEE'S PERSONAL PROFILE

Name: _____ DOB: _____

Address: _____ Phone: _____

City, State _____ Zip Code: _____

Parent/Guardian's name: _____

Parent/Guardian's contact telephone number _____

Please answer the following questions:

Has anyone in your family or a close friend died within the last two years? Yes No

What were the circumstances? _____

Were they a family member or a friend? _____

Have you ever fainted at the sight of blood? Yes No

Have you ever become physically sick or vomited at the sight of an injured person? Yes No

Have you received counseling, therapy or hospitalization for emotional problems? Yes No

Name: _____
Student Print Name

Signature: _____
Student Signature

Name: _____
Parent/Guardian Print Name

Signature: _____
Parent/Guardian Signature