



CHESTER COUNTY SHERIFF'S OFFICE PROJECT SHOWING TEENS OUR REAL MISSION (S.T.O.R.M.) PROGRAM

The Chester County Sheriff's Office, Showing Teens Our Real Mission Program (PROJECT S.T.O.R.M.) goal is to provide the community with a program which will help educate young people about the long-term effects of participating in criminal activity. Parents have reached out and voiced their concerns about the absence of youth programs. S.T.O.R.M. was implemented in order to reduce delinquent behavior concerning our youth as well as giving them a reality check on how life will be if they continue down the wrong path. S.T.O.R.M. is based on the assumption that the consequences of illegal behavior will act as a deterrent. S.T.O.R.M. intentions are to align with common cultural views that punishment and fear (i.e. *getting tough on crime*), is one approach to reducing juvenile crime.

The program was created and implemented by Sheriff Alex Underwood upon his installation as Sheriff of Chester County on January 8, 2013. Sheriff Underwood desired to help disadvantaged children and youth. The program emerged to help youth at risk of educational failure, dropping out of school, or involvement in delinquent activities, including gangs. The program is also a promising approach for enriching children's lives; addressing the isolation of youth from adult contact; and providing, on a one-to-one basis, support and advocacy to children who need it.

Project S.T.O.R.M targets at-risk youth in Chester and surrounding counties where over 60 percent of the youth eligible to receive Chapter I funds under the Elementary and Secondary Education Act of 1965 and have a considerable number of youth who drop out of school each year.

Project S.T.O.R.M. Objectives are to:

- Provide general guidance to at-risk youth.
- Promote personal and social responsibility among at-risk youth.
- Increase participation of at-risk youth in elementary and secondary education and enhance their ability to benefit from this schooling.
- Discourage use of illegal drugs and firearms, involvement in violence, and other delinquent activity by at-risk youth.
- Discourage involvement of at-risk youth in gangs.
- Encourage participation in service and community activity by at-risk youth.

The process for signing a child up for Project S.T.O.R.M is as follows:

- Parent or guardian must pay an administrative fee of **\$75.00** (which covers cost of jail jumper, counselors, and dinner). **The fee is \$100.00 for out-of-county residents.**
- Parent or guardian will bring the child to 109 Ella Street Chester, SC at 6:00 PM. From there, the child will be transported by the Chester County Sheriff's Office to 2740 Dawson Drive where he/she will be given a uniform to wear. A snack will be served during the program. Your child must be picked at the Chester County Sheriff's Office at 6:00 AM the next morning.
-
- Parents or guardians **MUST** attend a mandatory two hour Next Step Program workshop at the Chester County Sheriff's Office from 6:30pm to 8:30pm, after they drop their child off.

Any questions or concerns should be directed to Lt. Johnny Neal, Program Coordinator, (803) 209-8595.



**CHESTER COUNTY SHERIFF'S OFFICE
PROJECT SHOWING TEENS OUR REAL MISSION (S.T.O.R.M.) PROGRAM**

I, _____ give permission for
(Print Name)
_____ to participate in the following trip/program:
(Print Name)

**THE CHESTER COUNTY SHERIFF'S OFFICE SHOWING TEENS OUR REAL MISSION PROGRAM
(PROJECT S.T.O.R.M.)**

A child participating in the Chester County Sheriff's Office Showing Teens Our Real Mission Program (PROJECT S.T.O.R.M) will arrive at 109 Ella Street at 6:00 PM. He/She is required to have eaten dinner before arrival. From there, the child will be transported by the Chester County Sheriff's Office to 2740 Dawson Drive where he/she will be given a uniform to wear. He/She will be placed in a cell by themselves where they will remain until the next morning.

Should a case arise which may require restraint, a minimum amount of force will be used by the deputy or officer. I understand that the deputies and officers will make every effort to reach me in the event of an emergency. If medical treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child. Parent or Legal Guardian does hereby agree to release and hold harmless the Chester County Sheriff's Office from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation of the trip.

A snack will be served before returning to the Chester County Sheriff's Office where pick up is 6:00 AM the next morning.

Name of School Attending: _____

Child's Date of Birth: ___ / ___ / ___ Medical conditions: _____

Child's Hobbies: _____

Child's goals for employment/ college: _____

Reason for recommending this child to attend the program:

Parent's Phone Number: _____ Emergency Contact Number: _____

Parent's signature _____ Date: ___ / ___ / ___

NO GANG RELATED COLORS, DEROGATORY MESSAGES PRINTED ON CLOTHING, IPODS, GAMING DEVICES, ETC ALLOWED!!!!!!!!!!!!!!



**CHESTER COUNTY SHERIFF'S OFFICE
PROJECT SHOWING TEENS OUR REAL MISSION (S.T.O.R.M.) PROGRAM**

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: _____

Date of Activity or Event: _____

Check One: Boot Camp Youth Awareness Activities Youth Volunteering

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The Chester County Sheriff's Office, The South Carolina Department of Corrections, The South Carolina Gang Association, The Chester County Magistrate's Office, Chester County Government and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that the Chester County Sheriff's Office, the South Carolina Department of Corrections, the South Carolina Gang Association, the Chester County Magistrate's Office, Chester County Government and/or their directors, officers, employees, volunteers, representatives, agents, the activity or event holders, activity or event sponsors, activity or event volunteers; and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Chester County Sheriff's Office, the South Carolina Department of Corrections, the South Carolina Gang Association, the Chester County Magistrate's Office, Chester County Government and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of

other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL

Print Participant's Name, Age, & Signature (if under 18 years old Parent or guardian must also sign) Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name & Age

Signature of Parent or Guardian & Date