



APPLICATION

1. Name _____
Last First Middle

2. Date of Birth _____ Social Security # _____

3. Address _____ City/State _____ Zip _____

4. Home Phone _____ Work Phone _____

5. Email Address _____

6. In case of emergency contact _____
Name/Relationship/Phone Number

7. Driver's License Number _____ State _____ Class _____ Expiration Date _____

Is your driver's license valid? Yes No

8. Have you ever been arrested for anything other than a traffic offense? Yes No

If yes was answered on question #6, explain where, when and disposition: _____

9. Place of employment _____

Employer's Address _____

Occupation _____

How did you hear about us? TV Newspaper Park District
 Church Friend/Neighbor Other _____
(please describe)

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate mis-statement or omission of material facts may disqualify me to attend the Citizens Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature

Date

Contact Sgt. Bryan Pece at (630) 871-6208 with any questions.

Village of Carol Stream

Citizens Police Academy

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Participant's Information

Please Print:

Last Name, First Name & Middle Initial: _____

Date of Birth: _____

Address, City, State, Zip Code: _____

Home & Work Telephone Numbers: H/P _____ W/P _____

Please read this form carefully and be aware that by registering for and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Village of Carol Stream for any claims arising out of participation in the Carol Stream Police Department's Citizens Police Academy.

Program Details: Observation and instruction of operations and functions of the Carol Stream Police Department by a ten week participation in the Citizens Police Academy.

Risk of Injury: "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, including but not limited to: superficial injury, bodily harm or death. I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program".

Waiver of Injury Claims: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program".

Release from Liability: "I do hereby fully release and discharge the Village of Carol Stream and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program".

Indemnity and Defense: "I further agree to indemnify, hold harmless and defend the Village of Carol Stream and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program".

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation.

Participants Signature: _____

Date: ____/____/____

**Citizens Police Academy
Coordinator Signature:** _____

Date: ____/____/____