## Crystal Lake Police Department Citizen Police Academy

## Application and Waiver of Liability

Name:  Last, First and Middle Initial	Sex:	_ Date of Birth:
Home Address:		
Telephone: (H)	(W)	
I,	, hereby state that I and Department & Citizen Police	m a willing volunteer wishing to e Academy.
I state that I understand that a portion of further state that I understand that part part and that if I chose to participate I	icipation in said practical e	xercises is totally voluntary on my
I understand and agree that as a particip the Crystal Lake Police Department or	•	Academy, I am not an employee of
I understand and agree that the Crysta criminal history check to determine my		
I understand and agree that this applica to allow my entry into the Citizen Police	•	e Crystal Lake Police Department
In signing this application and waiver of City of Crystal Lake, its officers, emplectaims and demands for damages at law death or property damage, which I no related to my participation in the Crystal	loyees and agents from an w or in equity including, b w have or may have here	y and all liability, damages, suits, ut not limited to, personal injury, after on account of or in any way
Signature of Applicant	 Date	