

HOFFMAN ESTATES POLICE DEPARTMENT
Citizen Police Academy Waiver of Liability

I request to participate in the Citizen Police Academy.

Requestor's Name (PLEASE PRINT): _____

Date of Birth: _____

Home Address: _____

Home Telephone: _____

For an in consideration of the undersigned being given the opportunity of attending the Citizen Police Academy and observing police operations and functions of the Hoffman Estates Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the Village of Hoffman Estates from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, dependants and assigned may sustain in any way during the course of the Hoffman Estates Citizen Police Academy.

I have read and understand the provisions of this waiver of liability printed above.

Requestor's Signature

Date

HOFFMAN ESTATES POLICE DEPARTMENT

Received/Witnessed by: _____

Approved by: _____