

ROSELLE POLICE DEPARTMENT

CITIZEN POLICE ACADEMY

I request to participate in the Roselle Police Department Citizen Police Academy. *(PLEASE PRINT.)*

Name: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Home Telephone Number: _____

LIABILITY WAIVER

IN CONSIDERATION of being permitted to participate in the Roselle Police Department Citizen Police Academy Program, I and my next of kin, personal representatives, and heirs hereby release and waive the Village of Roselle and the Roselle Police Department, its officers, agents, or employees from all liability to myself, my personal representatives, heirs, and next of kin for all loss or damage in any claim or damage therefore on account of injury to the person or property or resulting in the death of myself, no matter what the cause and will not sue the Village of Roselle while I am participating in the Citizen Police Academy Program.

I agree to indemnify the Village of Roselle from any loss, liability, damage, or cost I may incur due to my presence in the Citizen Policy Academy Program whether caused by the negligence of the Roselle Police Department, its officers, agents, or employees of the Village of Roselle. I hereby assume full responsibility for and risk of bodily injury, death, or property damage, or otherwise while in the Citizen Policy Academy Program. I agree that this Liability Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois.

I further release all employees, representatives, or agents of the Village of Roselle from any claim whatsoever on account of first aid, treatment, or service rendered me during participation as a result of the Citizen Policy Academy Program.

I certify that I am at least 18 years of age and agree to allow the Roselle Police Department to conduct a background check prior to being accepted to participate in the Roselle Citizen Police Academy.

This Waiver contains the entire agreement between the parties of the agreement and the terms of this Waiver are contractual. I further state that I have carefully read the above Waiver and know the contents of the Waiver and sign this Waiver of my own free will.

Signature

Date

Roselle Police Department

Received / Witnessed by: _____

Approved by: _____