



APPLICATION

GRINNELL CITIZEN POLICE ACADEMY

GRINNELL POLICE DEPARTMENT

Michael McClelland, Chief of Police

Name: _____ (First, Middle, Last)

Date of Birth: _____ (YYYY MM DD)

Sex: _____ (M/F)

Address: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

Driver's License Number # _____

Social Security # _____

Employer: _____

Occupation: _____

Employer's Address: _____

Excluding traffic offenses, have you ever been cited for a criminal offense?

Yes ___ No ___ If yes, please explain: _____

What would you enjoy learning from this program?

Will you be able to attend all eight sessions? Yes ___ No ___

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Grinnell Police Department is authorized to verify any of the above information deemed necessary for consideration to attend the Grinnell Citizen Police Academy.

Signature Date

GRINNELL CITIZEN'S POLICE ACADEMY

Class List Information

Please complete and review your contact information below. Indicate if you wish to share this information with other CPA attendees in a Class List.

We understand that this is repetitive, but we want to be absolutely sure that your information is as private as you choose it to be.

Thank you.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

_____ I agree to **complete release** as noted above.

_____ Please release my **Name Only**

_____ Please do **NOT** release my _____ (email, phone, address)

Do you or an agency that you represent run/operate/manage a website that you want to invite other CPA participants to view, join or subscribe?

Do you have a Myspace/Facebook or other social network that you would like to invite others to use to connect with outside of the CPA?

The Grinnell Police Department wants to have long term contact with those who donate their time to participate in the CPA. If you do not want your information kept in the CPA graduates file, please let us know.

GRINNELL POLICE DEPARTMENT

RELEASE OF LIABILITY, ASSUMPTION OR RISK, AND HOLD HARMLESS AGREEMENT

Please read this carefully. It affects any rights you may have if you (or your child) are injured or otherwise suffer damage while participating in the Ride-Along Program or Citizen Police Academy, sponsored by the Grinnell Police Department.

I, _____, (Participant or parent/guardian of student/participant, if student/participant is under the age of 18), hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the City of Grinnell, Iowa, Grinnell Police Department and any of the officers, servants, agents and employees of the above mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage, or injury, including death, that occurs as a result of, or in conjunction with, my participation of the Ride-Along Program or Citizen Police Academy.

I also understand that these programs are inherently dangerous and may involve the use of firearms, tasers, motor vehicles and self-defense techniques. I therefore ASSUME THE RISK of my participation in these activities and agree to follow the instructions of Police representative at all times. I state that I (or my child) am in good health and have no physical limitations that would preclude safe participation in this program.

I further agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury or damages is caused by my negligence, the negligence of the RELEASEES, or the negligence of any third party. I further agree that this Release of Liability, Assumption of Risk and Hold Harmless Agreement shall bind the members of my family and spouse, and my heirs, assignee and personal representative (if any), and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this document shall be construed in accordance with the laws of the State of Iowa.

By signing this RELEASE OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT, I state that:

- I have read and understand the conditions set forth in this document
- I agree to all conditions set forth
- I sign voluntarily knowing that I do not have to participate

NAME: _____

SIGNATURE: _____ DATE: _____

If Parent is signing on behalf of a participant under the age of 18, indicate the name of the Participant:
