

**APPLICATION
GRINNELL CITIZEN
POLICE ACADEMY
GRINNELL POLICE DEPARTMENT**

Dennis Reilly, Chief of Police

Name: _____ (First, Middle, Last)

Date of Birth: _____

Sex (M/F)

Address: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

Driver's License #: _____

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 8 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:

Ph:

Email:

_____ I agree to complete release as noted above

_____ Please release my Name Only

_____ Please do not release my _____ (ie 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 to?

Do you have a Myspace/Facebook or other social network that you would like to invite others to use to connect with you 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 graduate file, let us know.

GRINNELL POLICE DEPARTMENT

RELEASE OF LIABILITY, ASSUMPTION OF 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 damaged while participation 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 below the age of 18), hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the City of Grinnell, Iowa, Grinnell Police 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 representatives at all times. I state that I (or my child) am in good health and have no physical limitations that would preclude my safe participation in this program.

I further agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury or damages is caused by my 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, assigns 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 constructed 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, and
- I sign voluntarily knowing that I do not have to participate.

Name: _____ Date: _____

Signature: _____

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