



**CITY OF BERKLEY PUBLIC SAFETY DEPARTMENT
Citizen Police Academy
Waiver and Release of All Claims**

Section 1 – Applicant Information

Name _____ **Date** _____
Last First Middle

Address City State Zip

Phone _____ **Email:** _____

Date of Birth _____ **Driver's License** _____

Employer _____ **Occupation** _____
Address Phone

City, State, Zip _____

Section 2 – Emergency Contact Information

Emergency Contact Person Full Name:			
Name _____			
<i>Last</i>		<i>First Middle</i>	
Address:			
<i>Street</i>		<i>City State Zip</i>	
Telephone:	_____	Relationship:	_____
	<i>Home</i>	<i>Cell</i>	

Acknowledgement & Authorization:

I voluntarily consent to participate in the City of Berkley Public Safety Department Citizens Police Academy.

In consideration for the opportunity to participate in this program, and to the fullest extent permitted by law, I expressly agree to waive, release, indemnify and hold harmless the City of Berkley, its elected and appointed officials, employees, volunteers and others working on behalf of the City, from and against all loss, cost, expense, damage, liability or claims (whether groundless or not) arising out of bodily injury, sickness or disease, (including death resulting at any time therefore) which may be sustained or claimed as a result of my attending the Citizens Police Academy, including transportation to and from scheduled classes, activities and events.

PHOTO RELEASE: I hereby grant the City of Berkley permission to use my likeness in a photograph in any of its publications, including but not limited to its website, social media, newsletter and digital publications. I understand and agree that any photograph using my likeness will become the property of the City of Berkley and I will receive no financial compensation.

I hereby certify that all the statements I have made on this application are true and correct and knowingly made.

Signature _____ Date: _____