

Sudbury Police Department

75 Hudson Road Sudbury, MA 01776 Business (978) 443-1042 Fax (978) 443-1045

Sudbury Police Citizens Police Academy

Liability Waiver

PLEASE READ THIS DOCUMENT THOROUGHLY BEFORE COMPLETING AND SIGNING

The Town of Sudbury is pleased to offer you the opportunity to participate in its Citizen Police Academy. This program can be an interesting and rewarding way to learn more about community policing.

The attached Release of Claims, Indemnity and Hold Harmless Agreement absolves the Town of Sudbury, the Sudbury Police Department, and their officials and employees from liability or responsibility for <u>any</u> harm or injuries you may suffer during or as a result of your participation in the Program.

It also provides that the Town will not be liable or responsible for harm to others resulting from your participation in this program. Please consult with an attorney if you have any questions regarding this document.

	n Years Old):
Name:	
Address:	
Telephone: ()	
Date of Birth:/	
Health Insurance Provider:	Policy Number:
A copy of your health insurance card and photo identifice Police Department and attached to this application prior Emergency Contacts:	-
Name:	_
Name: Relationship:	_
	_

Date of Citizen Police Academy Participation:



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Release of Claims, Indemnity, and Hold Harmless Agreement

I,	, in consideration of the opportunity to participate in
the Town of Sudbury Citizen's Police Acaderide with an officer or officers while on duty Town of Sudbury, the Sudbury Police Departithe Sudbury Police Department and the Town actions, causes of action, demands, damages,	my Program, including but not limited to the opportunity to and observe said officer or officers, do hereby release the ment, and any employee, agent, official, or representative of a of Sudbury, of any and all liability for any and all claims, costs, loss of services, expenses and compensation which I in the Citizen's Police Academy Program and all activities
I,	, further acknowledge that my participation in the
officers of the Town of Sudbury while engage program assuming all risk of injury to my program, and in this regard, assume and a occasioned and thereby releasing the Town employees from and against all claims, darexecutors, or administrators may have here Sudbury and its successors, departments, official for damages, compensation or otherwise connection with my participation in the aformake good to the Town of Sudbury or its agents any loss or damage or costs, included	or my property to the risks or happenings encountered by the did not the performance of their duties. I therefore enter this person or property arising from my participation in the agree to pay all medical costs or property damage costs of Sudbury, and the Sudbury Police Department and its mages, injuries or causes of action which I or my heirs, in. Furthermore, I hereby agree to protect the Town of cers, employees, servants, attorneys and agents against any se arising out of or resulting from any injury to any party in rementioned activities and to INDEMNIFY, reimburse or successors, departments, officers, employees, servants and ding attorneys' fees, which the Town of Sudbury or its laims or litigation arises from said participation in the
I, and assigns not to sue the said Town of Sudb attorneys, and agents, on account of any such	, hereby further covenant for myself, my successors ury, its departments, officials, officers, employees, servants, claim, demand or liability.
acts of these parties. Additionally, it is my relating to any accident and resulting injur	, am fully aware that by signing this document I am lability that may arise as a result of intentional or negligent intent to release the above mentioned parties from liability ies, property damage, and/or death that may occur while ar moving vehicles of the Sudbury Police Department.
	REEING THAT YOU HAVE FULLY READ AND APPLICATION AND AGREEMENT AND ACCEPT IR ENTIRETY.
Witness my hand and seal this day	of
Participant (Signature):	Participant (Printed):
Witness (Signature)	Witness (Printed).