WASHINGTON TOWNSHIP POLICE

1 McClure Drive • Sewell, New Jersey 08080 • (856) 589-6650

WASHINGTON TOWNSHIP CITIZEN POLICE ACADEMY

DISCLAIMER AND WAIVER OF LIABILITY

The Washington Township CITIZEN POLICE ACADEMY is provided as a public service by the Washington Township Police Department. By execution of this form signifies your willingness to participate in the program. The execution of this form also represents acknowledgment by the undersigned that participants in the program will be exposed to crime scene photographs, police videos, use of force scenarios, scenes with firearms simulators, and potentially violent K-9 demonstrations. Some of these situations may be offensive and disturbing to some participants and the signature below acknowledges this disclaimer.

Restriction of Liability

The Washington Township Police Department makes no claims, promises or guarantees about the Academy and expressly disclaims liability for errors and omissions in the contents of the Academy. No warranty of any kind, implied, expressed or statutory, is given with respect to the contents of this Academy. Reference in the Academy to any specific commercial products, processes, or services, or the use of any trade, firm or corporation name is for the information and convenience of the public, and does not constitute endorsement, recommendation, or favoring by the Washington Township Police Department.

_____
Participant Name

_____
Participant Signature

_____
Date

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CITIZEN POLICE ACADEMY APPLICATION

Name: _____ Age: ____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Driver's License number: _____

Name of Employer: _____ Employers Phone: _____

Employer Address: _____

_____

Job Description: _____

Shirt Size: _____

Activities/Hobbies that you are involved in: _____

Email address:_____

Background

Have you ever been arrested, charged or convicted of a crime? Yes No
Have you ever been issued a motor vehicle citation? Yes No
If Yes to the above question provide dates of conviction, state in which it occurred and final disposition. _____

Certification

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Washington Township Police Citizen Police Academy. I hereby grant the Washington Township Police Department and its representative's permission to use my likeliness in a photograph in any and all of its publications, including websites without payment or any other considerations. My signature below acknowledged, my understanding and agreement with the material provided.

Signature_____ Date_____

Please return your completed application to the Office of Professional Standards upon completion
1 McClure Drive
Sewell, New Jersey 08080

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CITIZEN POLICE ACADEMY
MEDICAL RELEASE

I hereby give my permission for any and all medical attention necessary to be administered upon me (name)_____ in the event of an accident, injury, sickness, etc., under the direction of the Washington Township Police Department. This release is effective for a period of one (1) year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

MY ADDRESS IS: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

My Insurance Company is: _____

My Policy Number is: _____

My Physician Is: _____

Physician's Address and Phone #: _____

KNOWN ALLERGIES: _____

Signature of Participant:_____

Sworn to before me this _____ day of _____, 20_____

_____
NOTARY SIGNATURE

Seal