

Teen Police Academy Community Outreach & Police Services Unit Cell: 970-778-6553 or e-mail: dramirez@evanscolorado.gov

Participant Agreement & Waiver

I, _____, do hereby agree with the below stated stipulations as part of my participation in this program with the Evans Police Department.

_____I understand and acknowledge that my participation in the Teen Police Academy is strictly voluntary on my part.

I understand I will be participating in activities that may be of a physical nature. I agree to assume the risk of personal injury, loss of damage, which may result from any situation to which I am exposed. I agree to act as my own insurer against all hazards and acts of any negligent person, understanding that my personal insurance may not cover the activities contemplated by this waiver. I agree to hold harmless and indemnify the City of Evans, the Evans Police Department, their officers, agents, and employees from any liability in any cause of action in law or equity which may be asserted against them for any act or omission arising out of my participation in the Teen Police Academy.

_____I hereby release the City of Evans, the Evans Police Department, their officers, agents and employees from liability for: (1) any personal injury which may occur; (2) any damage to my clothing or personal property; or (3) any other loss or damage which may occur, which results from the acts or omissions of any person including negligent acts or omissions. Any person includes, but is not limited to myself, all employees of the City of Evans including Evans Police officers, and persons with whom Evans Police officers or other employees of the City of Evans have contact. I intend this release of liability to cover all situations; which may occur during my participation in the program.

_____I understand my participation in the Teen Police Academy is voluntary and I may be asked to leave the Academy at any time for inappropriate conduct.

PARENT OR GUARDIAN'S CONSENT

I / We, the undersigned, represent that I/we are legally appointed or natural guardian(s) of the above named person who is under the age of eighteen years; that he/she has signed the foregoing document with our full knowledge and consent; and the I/we join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement to the same terms and provisions for myself/ourselves and my/our heirs, executors, personal representatives, and assigns.

Printed Name (Student)	DOB	Printed Name (Parent/Guardian)	DOB
Signature (Student)	Date	Signature (Parent/Guardian)	Date