



**Citizens Police Academy**  
Community Outreach & Police Services Unit  
Office: 970-475-2266 or e-mail: [tmclatchey@evanscolorado.gov](mailto:tmclatchey@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 Citizens Police Academy is strictly voluntary on my part. Furthermore, I acknowledge that I am not entitled to any benefits to include salary, health insurance, etc.

\_\_\_\_\_ 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 Citizens 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 I may be exposed to information of a sensitive nature and I agree not to discuss any of that information with others, nor will I bring children to any of the classes.

\_\_\_\_\_ I understand that my participation in the Citizens Police Academy does not qualify me to become a police officer and at no time am I to represent myself as an Evans Police Officer, nor will I use my position in this academy to influence others outside the academy.

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

**Participant Agreement & Waiver – continued**

\_\_\_\_\_ Due to the sensitive nature of the information provided at the Citizens Police Academy, a background screening will be necessary for all participants. I agree to allow the Evans Police Department to perform a background investigation on me. Furthermore, I understand my acceptance into the Citizens Police Academy is contingent (in part) upon a favorable background screening as determined by the Evans Police Department.

I have read this release and I understand and agree to the stipulations listed herein. I indicate my voluntary acceptance of the terms of this release by signing my name below.

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Printed Name Date of Birth

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Signature Date