



## DuPont Police Department

1780 Civic Drive, Suite 100  
DuPont, WA 98327  
Office 253-964-7060 ~ Fax 253-964-8491

Citizens' Academy Class Date: Feb - May 2020

Application Date: \_\_\_\_\_

# CITIZENS' ACADEMY APPLICATION

Please print legibly and complete the ENTIRE application.

Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip Code:
Telephone #:	Date of Birth:	
Email Address:		

## Emergency Contact Information

Name:	Relationship:	
Street Address:		
City:	State:	Zip Code:
Telephone #:	Alternate #:	

To attend the DuPont Police Department's (DPD) Citizens' Academy, each applicant will need to turn in this signed application and the attached waiver. By signing this application and the waiver, the applicant is giving DPD consent to conduct a criminal history background check for access to our facility. If you have any questions regarding these forms or about the academy class, please contact Community Resource Officer (CRO) Joshua Morley at 253-964-7060 or via email at [police@dupontwa.gov](mailto:police@dupontwa.gov). All academy attendees must be 18 years of age or older, produce valid ID and be able to pass the criminal history background check.

Thank you for your interest in attending the Citizens' Academy. We look forward to meeting you.

Applicant Signature:	Date:
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### FOR INTERNAL USE ONLY

Internal Notes:		
Date Rec'd:	Background Conducted By:	Date Conducted:
Letter Sent to Applicant: Yes / No	Stand-by Letter Sent to Applicant: Yes / No	Notes:



# DuPont Police Department

## Participation Waiver & Medical Release

Participants Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name of Activity: Citizens' Academy Date of Activity: **February** 13-May 14 Location: **City of DuPont E.O.C.**

In consideration of my application to be a participant in a voluntary activity named above (Activity) with DuPont Police Department (DPD) and/or the City of DuPont (City), I agree to all of the terms of this Participation Waiver & Medical Release. I understand that participating in any voluntary activity with DPD and/or the City involves risk.

- **Learning Environment:** I understand that participating in Activity learning environment involves some risk. I understand that during the Activity I will be moving from location to location and learning within multiple facilities, buildings and/or environments. Participation in the Activity involves risks and the potential of injury. Every type of injury could occur and may include, but is not limited to, broken bones, chemical exposure, back or brain damage, death or dismemberment.
- **Active Participation:** I understand that part of my Activity experience with DPD and/or the City may include physically active, athletic or aerobic actions and movement. Participation in these activities may require rigorous exercise under conditions which may be dangerous. Injuries to a participant can occur in many foreseeable and unforeseeable ways. Injuries can occur as a result of, but not limited to: equipment failure; poor surface and/or field conditions; lack of proper supervision; and the negligence of other participants (including but not limited to teammates, opponents, spectators, or officiating personnel). Injuries may occur even if you, or other participants, are physically fit and obeying all rules, instructions and expectations of the activity. Injuries may include, but are not limited to, broken bones, ligament tears, back or brain damage, death or dismemberment.
- **Travel & Accommodations:** I understand that part of my activities with the City and/or DPD may include travel to or from event locations, overnight or daytime accommodations. These activities involve risk and the potential of injury. Every type of injury may occur and may include, but is not limited to, broken bones, back or brain damage, death or dismemberment. I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury, death, or other consequences arising or resulting from the activity. I agree to accept full responsibility for such risks.

I agree to accept responsibility for all implied risks and possible acts of negligence by other persons and/or agents, employees, officers or volunteers of the DPD and/or the City. I further agree that I shall advise the DPD of any physical/mental limitations or any medical conditions or any medication or any allergies prior to any activity. I agree to be fully responsible for my own property and equipment related to this activity. In consideration of my voluntary application and as a requirement to participate in this or any DPD and/or City activity, I hereby release and indemnify DPD and the City including their agents, employees, officers, elected officials or volunteers of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered by DPD and/or the City. I also agree and consent to DPD and/or City employees, volunteers, officers or any medical providers to provide treatment, to me, for any

