

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

Citizens' Academy Class Date: Sept – Oct 2022

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 #:	

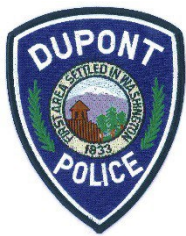
To attend the DuPont Police Department's (DPD) Citizens' Academy, each applicant will need to turn in this signed application and the attached waiver. By signing this application and the waiver, the applicant is giving DPD consent to conduct a criminal history background check for access to our facility. If you have any questions regarding these forms or about the academy class, please contact the DuPont Police Department 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.

*“While we will try to accommodate every application, please be aware that not every application may be accepted. The DuPont Police Department reserves the right to deny any application into this voluntary program for any reason. This reason may include, but is not limited to: cost and manageability of class size, availability of Department staff to facilitate the program, logistics, law enforcement operational demands, or any other reasons. The Department is not under any obligation to disclose the reason why an application may be accepted or denied.”*

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

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Name of Activity:* Citizens' Academy      *Date of Activity:* Sept – Oct 2022      *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 the 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

Participant’s Full Name: \_\_\_\_\_

illness, injury, or any other medical condition arising during the Activity, if I am unable to provide consent at the time. I agree to accept full responsibility for any and all costs, including but not limited to, medical and legal fees, which may result from my participation and for any treatment for any injury sustained while taking part in the activity.

**Signing indicates the following:** I have read this waiver, release and indemnification agreement and understand its meaning. This release is intended to bind by heirs, representatives, successors, assigns and administrators.

Signature of Participant*	Date	Printed Name
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Signature of Parent/Legal Guardian	Date	Printed Name
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Emergency Contact	Relationship	Telephone#
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**Being fully informed as to these risks, I hereby consent to the minor participating in the activity.**

Address	City	State	Zip
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Mailing Address (if different)	City	State	Zip
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Phone _____	Alternate _____	Email _____
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