



CITIZEN POLICE ACADEMY

RELEASE OF LIABILITY

Whereas, I,

NAME

DATE OF BIRTH

ADDRESS

HOME PHONE

MOBILE PHONE

Have requested on my own initiative to participate in the Citizen Police Academy of the Upper Allen Township Police Department, Cumberland County, Pennsylvania;

Now, therefore, in consideration of Upper Allen Township, Pennsylvania allowing me to participate in the Citizen Police Academy and in consideration of Upper Allen Township permitting me use of its facilities, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release, and forever discharge Upper Allen Township, its employees, officers, commission members, representatives, affiliates, and agents, acting officially or otherwise (hereinafter "Upper Allen Township") from any and all claims, actions, demands, or causes of action, on account of my death or on account of any personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through the negligence, misfeasance, or malfeasance on the part of Upper Allen Township, or whether said harm or damage occurs through acts of a person not employed by Upper Allen Township.

I ACKNOWLEDGE that I am aware that participating in the Citizen Police Academy can be dangerous and may result in property damage or serious bodily injury to myself. I ASSUME THE RISK of all injuries and liabilities that may occur as a result of my being permitted to participate in the Citizen Police Academy.

I hereby ACKNOWLEDGE that my participation in the Citizen Police Academy is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/had with Upper Allen Township.

I AGREE to abide by all instructions given to me while participating in the Citizen Police Academy and I ASSUME RESPONSIBILITY for my failure to abide by such instructions.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Upper Allen Township, it's employees and other instructors from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any manner connected with my being permitted to participate in the Citizen Police Academy.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY UPPER ALLEN TOWNSHIP, PA. FROM ANY LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULT FROM MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY.

SIGNATURE

DATE

WITNESS (signature & print name)

DATE