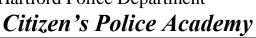
## West Hartford Police Department





### **Academy Application**

Please mail or drop off your application to the West Hartford Police Department, Attn: Community Relations 103 Raymond Rd. West Hartford CT 06107

Name of Applicant:	Date of Birth:
Email Address:	(Response letters are sent by email.)
Home Address:	
Town / City:	Zip Code:
Home Phone: ( )	Cell Phone: ( )
Employed by:	Phone: ( )
Work Address:	
Driver's License Number:	State:
Have you ever been arrested for a no	on-traffic offense? If yes, please explain:
•	s and answers to questions.  rd Police Department to secure criminal conviction history nt agency, should the Town determine it is necessary to do
(Applicant)	(Date submitted)
For PD use only:	
Criminal background check completed	and attached: Date: By:
SPRC SPSC 1 In-House	DMV MVOP
Enrollment in Academy Approved / De	enied: (circle)  Date:  By:
Acceptance email sent: Date:	



## WEST HARTFORD POLICE DEPARTMENT CITIZENS POLICE ACADEMY

#### **Participation Waiver and Release**

The Town of West Hartford Police Department hosts a course known as the Citizens Polic	:e
Academy (hereinafter "Academy"). The course is open to all adult local residents and is	
specifically designed to expose the participants to aspects of the operations of the West Ha	artford
Police Department. In consideration for the opportunity to participate in the West Hartfo	ord
Police Department, Citizens Police Academy, I(	name)
(hereinafter "Participant"), do hereby agree to the terms listed below:	

- 1. Participants are reminded that police work is an inherently dangerous profession, and police officers work in all types of weather and conditions. As such, Participants may be in vehicles that are involved in a pursuit or emergency response; may come in contact with people that are combative, dangerous or ill; and/or may be around dangerous equipment which includes firearms, noxious gases and impact weapons. Participants agree to adhere to the instructions provided by the respective West Hartford Police Department personnel charged with Participant's training, and to exercise all reasonable care while participating in the Academy.
- 2. Participant understands and agrees that as a participant in the Academy, Participant is not an employee or agent of the Town of West Hartford, and is not entitled to benefits, protections, workers compensation or unemployment from the Town of West Hartford.
- 3. Participation in the Academy class sessions may involve physical activity such as, but not limited to, walking, riding, interaction with other participants, and/or the physical conditions of the facilities and features of the equipment located thereon, which includes a potential risk of personal injury and/or personal property damage. Furthermore, classes are conducted on and off the premises of the West Hartford Police Department, which also includes a potential risk of personal injury and/or personal property damage. Participant expressly assumes these and all other risks arising in any way out of Participant's involvement in the Academy activities. Participant therefore forever waives,

releases and discharges the Town of West Hartford from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, or theft which may arise out of or related to participation in the Academy.

4. To the fullest extent permitted by law, Participant hereby agrees to indemnify, defend and hold harmless the Town of West Hartford together with their respective employees, officers, officials, volunteers, agents and representatives from any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and cost of actions, including attorney's fees for trial and appeal, arising from or connected in any way with participation in or attendance at the West Hartford Police Academy. Participant agrees this provision includes, but is not limited to any claims based on negligence, action, or inaction by any of the Town of West Hartford, its employees, officers, officials, volunteers, agents and/or representatives.

I have carefully read this agreement and understand that this is an agreement between myself and the Town of West Hartford. My signature indicates that I have read this release in its entirety, understand all of its terms and have had any questions regarding this release, or its effect, satisfactorily answered.

Name (Printed):	
Signature:	Date:



# WEST HARTFORD POLICE DEPARTMENT CITIZENS POLICE ACADEMY

### **Consent for Photography/ Authorization for Publication**

I(nan	ne), authorize the use of my image and/or
audio recording, taken in connection with my part	icipation in the West Hartford Citizens Police
Academy, without prior approval or compensation	n, for potential publication by the West
Hartford Police Department to advertise or promo	te the West Hartford Police Department
Citizens Police Academy.	
Signature	Date