

## **Citizens Police Academy Application**

First Name	Middle Initial	Last Name			_
Street Name		City/State		Zip Code	_
Home Phone Number	Work Phone Number	Messag	ge Phone	:	
Driver License Number	State	Date of Birth	_		
Current Employer	Email	Shirt Size: S N	— 1 L	XL	XX
Yes No Is it okay to contact you fo Yes No	ed for any misdemeanor, inclu	nding DWI, within th	e last 3 y	vears?	
include printed or electron name and identity may be	es of me for use in news releatic publications, Web sites or or revealed in descriptive text or chout compensation to me. A lice Department.	other electronic commentary in commentary	nunication w	ons. I further with the image	e(s). I authorize
	Sig	gnature		Date	
consent to the following:  1. I understand that a the 2. I understand that a back association from any a Governmental files an 3. I hereby release from City of Sedalia, the Se statements, acts, omis: 4. I hereby release from entity which furnishes 5. I authorize any person or opinions such perso I may have. 6. I understand the need never attempt to obtai	rough and complete background invekground investigation is conducted and all sources that the Agency, in its director, past and present employer liability and agree to hold harmless; adalia Police Department (the Agency sions made or recorded in the course liability and agree to hold harmless upon information or opinions to the Agency of the or entity contacted by the Agency of the or entity may have regarding myster for confidentiality of sources and infinity access to any part of any part of the cause of action of any nature that mi	estigation will be conduct by gathering and recordin is sole discretion, may deer is, and any other source of under any and all possible y) and any of its officers, of my background invest ander any possible cause of cy as a part of my backgruring the course of my ba elf, my conduct or associal formation in my background background investigation	ed for atten g information n appropria information causes of lagents or en gation. of legal action ound investickground in tions, regar	adance of the CP on about my pas ate, including: cr on available. legal action, incl mployees for any on, including ne tigations. nvestigation to f rdless of any stat ation, and I expr	PA.  St conduct and riminal or other luding negligence, the y negligent or wrongfurgligence, any person of turnish any information tutory or other privilegeressly agree that I will
Background Waiver Acknown I fully understand that any would be just cause for rejoint.	intentional attempt on my par	rt to provide INCOR	RECT or	r MISLEADI	NG information
	Siş	gnature		_ Date	



I, , havi	ng been duly advised of the facts and circumstances			
of participation in the Sedalia, Missouri Police Department's C including, but not limited to, activities specifically recited below Activities, including, but not limited to, the use of firearms and even when properly executed; (2) that the study and application use of firearms, riot & crowd control techniques and/or subject with unexpected consequences; (3) that Police Activities are ple physical condition and free of any disability or physical condition thereof, I do freely assume any and all risks, including, but not firearms, concussive devices or other equipment I may encount City, its departments, agents, employees and assigns. I will not any activity for which I am not physically qualified or able to se	itizen Police Academy (the "Police Activities"), w, do understand and acknowledge (1) that Police for concussive devices, are inherently dangerous, a of Police Activities, including, but not limited to, control procedures, are known to be risky activities sysically demanding, requiring that I be in good on that would make my participation unsafe. In light limited to, risks arising from using and employing er while participating under the supervision of the tundertake, and will immediately advise the City of,			
I do further hereby release, indemnify, hold harmless employees, agents, successors and assigns, of and from any and damages, judgments and demands, of any kind whatsoever, wh including such actions brought by, and/or on my behalf or thror representative, assigns, or others, that results or may have result the City, including, but not limited to, use of firearms, riot & cr procedures (including my use and the use by others involving response to the contraction of t	I all manner of action or actions, claims, suits, ether now or in the future, at law or in equity, agh me by my heir(s), successor, agent, ted from my participation in Police Activities with owd control techniques and/or subject control			
I further acknowledge that I have read and understood ASSUMPTION OF RISK and freely, as a condition of my part knowledge of its binding legal effect on me and my heir(s), suc	icipation, enter into this agreement with full			
IN WITNESS WHEREOF, the undersigned does here,	by execute this document on this day of			
Date: Signature:				
CARDINAL RULES OF FIREARMS SAFETY				
<ol> <li>Treat all firearms as though they are loaded.</li> <li>Keep your finger outside the trigger guard until you</li> <li>Point the muzzle in a safe direction at all times.</li> <li>Be sure of your target and what is beyond.</li> </ol>	are on target and ready to fire.			
I understand and will exercise the above range safety rules and officers and employees during my participation.	obey any commands of the City's Police or other			

Signature: