

PAXTON POLICE DEPARTMENT CIVILIAN POLICE ACADEMY

COVENANT NOT TO SUE – PROMISE TO RELEASE

The Paxton Police Department is pleased that you have chosen to participate in the Civilian Police Academy. The purpose of this program is to provide interested citizens with an insight into the line operations of the Paxton Police Department. It is our hope that you will find this experience both informative and enjoyable.

The Paxton Police Department would like you to be fully aware of the conditions and circumstances under which this program operates. The academy consists of both classroom and hands on experiences. There may also be an opportunity of a police ride-along.

Please read the following commitment carefully and sign the form at the bottom of the preceding page.

In consideration of permission, which I have received to accompany one or more police officers and or instructors of or associated with the Paxton Police Department of Paxton, MA. In the course of the academy, the undersigned, do by these presents release of the Town of Paxton, its police officers, public officials, instructors, servants and employees from any and all liability, claims, demands, action and causes of action which I may hereafter have on account of any and all inquiries and damage to me or my property, or my death, arising out of or related to any happening or occurrence while I am attending the civilian police academy and any training involved in the completion of the program or while I am accompanying any officer or officers of the Paxton Police Department on duty, or incidental thereto, and for the same condition, I promise to release, and for the same consideration, I promise to release, and convent not to sue the said town and the said persons, and agree to forever hold them harmless from any such liability, claims, demands, actions or cause of action.

The terms hereof shall be of full force and effect on the date hereof and on any other occasions within I may hereafter accompany any Paxton Police Officers or Officers.

I have read and understand the conditions of this program as stated above and hereby voluntarily assume all the risk off loss, damage or injury to me, or my property, including death, which may be sustained while or incidental to participating in this academy or accompanying one ore more Paxton Police Officers or instructors while on duty.

This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assignees, and shall inure to the benefit of said town, officers, public officials and persons herein designated, and their heirs, executors, administrators, personal representatives, assignees and successors in office.

After completing the academy, I realize I will not have any police authority. The intention of my attendance is to familiarize myself with the police field.

I _____ D.O.B. _____ with a social security number of _____ - _____ - _____ have applied to be a student in the Civilian Police academy with the Town of Paxton.

I hereby consent to have a background and criminal record check done by the Paxton Police Department.

I authorize the release of all employment, education or personal records to the Paxton Police Department.

I have read and understand the conditions that apply to attending the Civilian Police Academy.

SIGNATURE _____

DATE _____

WITNESS _____