

Citizen Police & Fire Academy Assumption of Risk & Liability Release

WHEREAS, the Town of Whitestown is sponsoring a Police & Fire Citizen Academy (PFCA) through the respective Police & Fire Departments and;

WHEREAS, _____ (Participant) wishes to participate in the PFCA which is designed to increase understanding of the duties and responsibilities of Police Officers & Firefighters, and to foster cooperative problem solving between the Departments and the community.

NOW THEREFORE, in consideration for the Town of Whitestown allowing Participant to engage in the Citizen Academy Program, Participant hereby states the following:

1. I am 18 years of age or older and agrees that participation in the PFCA is contingent upon passing a criminal history check.
2. I am a resident of Whitestown and/or Worth Township.
3. Understands that PFCA topics may include, without limitation, police and fire training topics that require physical exertion, high stress training situations, graphic pictures and/or videos involving injured and/or dead persons.
4. Understands that there are certain risks, both physical and psychological, inherent in participation in the PFCA and fully accepts those risks on my own behalf, which may include, but are not limited to, such things as physical exertion, use of force during exercises, defensive tactics, climbing various ladders, wearing personal protective gear and viewing graphic scenes depicting real life incidents involving loss of life and serious bodily injury.
5. Fully understands the above risks and the scope of the activities' involved in the PFCA, agrees that I will abide by the PFCA rules and Code of Conduct, and assume the risk of participation in the PFCA including the risk of catastrophic injury or death.
6. In return for my participation in the PFCA, I hereby relieve, release, discharge, and hold harmless the Departments, their officers, employees, and agents, and the Town of Whitestown, Indiana, and its officers, employees, and agents (collectively, "Releases") of all responsibility and liability that may result from any claim by me, for me, through me, or on my behalf, for all injuries, loss or damage and any claim or demands therefor, on account of injury to my person or property, or resulting from my injury or death, relating to my participation in the PFCA, whether caused by negligence of Releases or otherwise.
7. I agree that this Assumption of Risk & Liability Release is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by Indiana law. If any portion of this Assumption of Risk & Liability Release is held invalid, I agree that the remainder will continue in full force and effect.

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8. I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY AGREE WITH ITS TERMS; I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS RELATED TO MY PARTICIPATION IN THE PFCA AND SHALL BE LEGALLY BINDING UPON ME.

IN WITNESS THEREOF

Participant Signature

Date

By signing this agreement you indicate that you have read, understand and have any questions answered, and agree to its terms.