

# OLYMPIA FIELDS POLICE DEPARTMENT

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## Citizen Police Academy Waiver of Liability

I request to participate in the Citizen Police Academy.

Requestor's Name (PLEASE PRINT): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

For consideration of the undersigned being given the opportunity of attending the Citizens Police Academy and observing police operations and functions of the Olympia Fields Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself / herself of said opportunity, recognizes and assumes any and all risk pertaining thereto, and hereby releases The Village of Olympia Fields from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, departments, and assigned may sustain in any way during the course of The Olympia Fields Police Department Citizen Police Academy.

I have read and understand the provisions of this waiver of liability printed above.

\_\_\_\_\_

Requestor's Signature

Date

OLYMPIA FIELDS POLICE DEPARTMENT

Received/Witnesses by: \_\_\_\_\_

Approved by: \_\_\_\_\_