

**Spring 2019 Class: March 19<sup>th</sup> through May 7th**  
**Class meets Every Tuesday from 6:00 PM to 8:30 PM**

**APPLICATION**  
**GRINNELL CITIZEN POLICE ACADEMY**  
**GRINNELL POLICE DEPARTMENT**  
Dennis Reilly, Chief of Police

Name: \_\_\_\_\_ (First, Middle, Last)

Date of Birth: \_\_\_\_\_ (YYYY MM DD)

Sex: \_\_\_\_\_ (M/F) Shirt Size \_\_SM \_\_MED \_\_LG \_\_XLG \_\_XXL \_\_XXXL

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

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Driver's License Number # \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Excluding traffic offenses, have you ever been cited for a criminal offense?**

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

What would you enjoy learning from this program?

\_\_\_\_\_

\_\_\_\_\_

Will you be able to attend all eight sessions? Yes \_\_\_ No \_\_\_

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Grinnell Police Department is authorized to verify any of the above information deemed necessary for consideration to attend the Grinnell Citizen Police Academy.

\_\_\_\_\_  
Signature Date

# GRINNELL CITIZEN'S POLICE ACADEMY

## Class List Information

Please complete and review your contact information below. Indicate if you wish to share this information with other CPA attendees in a Class List.

We understand that this is repetitive, but we want to be absolutely sure that your information is as private as you choose it to be.

Thank you.

Name:

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Address:

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City, State, Zip:

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Phone:

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Email:

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I agree to **complete release** as noted above.

Please release my **Name Only**

Please do **NOT** release my \_\_\_\_\_ (email, phone, address)

Do you or an agency that you represent run/operate/manage a website that you want to invite other CPA participants to view, join or subscribe?

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Do you have a Facebook, Twitter, Instagram, or other social network that you would like to invite others to use to connect with outside of the CPA?

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The Grinnell Police Department wants to have long term contact with those who donate their time to participate in the CPA. If you do not want your information kept in the CPA graduates file, please let us know.

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# GRINNELL POLICE DEPARTMENT RELEASE OF LIABILITY, ASSUMPTION OR RISK, AND HOLD HARMLESS AGREEMENT

**Please read this carefully.** It affects any rights you may have if you (or your child) are injured or otherwise suffer damage while participating in the Ride-Along Program or Citizen Police Academy, sponsored by the Grinnell Police Department.

I, \_\_\_\_\_, (Participant or parent/guardian of student/participant, if student/participant is under the age of 18), hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the City of Grinnell, Iowa, Grinnell Police Department and any of the officers, servants, agents and employees of the above mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage, or injury, including death, that occurs as a result of, or in conjunction with, my participation of the Ride-Along Program or Citizen Police Academy. I also understand that these programs are inherently dangerous and may involve the use of firearms, tasers, motor vehicles and self-defense techniques. I therefore ASSUME THE RISK of my participation in these activities and agree to follow the instructions of Police representative at all times. I state that I (or my child) am in good health and have no physical limitations that would preclude safe participation in this program.

I further agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury or damages is caused by my negligence, the negligence of the RELEASEES, or the negligence of any third party. I further agree that this Release of Liability, Assumption of Risk and Hold Harmless Agreement shall bind the members of my family and spouse, and my heirs, assignee and personal representative (if any), and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this document shall be construed in accordance with the laws of the State of Iowa.

By signing this RELEASE OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT, I state that:

- I have read and understand the conditions set forth in this document
- I agree to all conditions set forth
- I sign voluntarily knowing that I do not have to participate

NAME:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If Parent is signing on behalf of a participant under the age of 18, indicate the name of the Participant:

\_\_\_\_\_