

MANTENO POLICE DEPARTMENT Citizen Police Academy Registration Form



Full Name (First, Middle Initial, Last)			
Address	City	State	Zip
Home Telephone	Cellular Telephone_		
Date of Birth A	age Social Security		
Driver's License Number		State	
Please supply the names of two people	who can be notified in the	event of an e	mergency:
Name	Relationship		
Address/City	Phor	ne #	
Name	Relationship		
Address/City	Phor	ne #	
Applications mu	ist be received by May 25,	2022	
at the Manteno Police	ce Department = 269 N M	ain Street	

Village of Manteno Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program, you will be waiving your rights to all claims for injuries you might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Village of Manteno for any claims arising out of participation in the Manteno Citizens Police Academy Program.

Risk of Injury: "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, including but not limited to adverse and stressful situations accompanying law enforcement activities: heart attacks, strokes, heat stress, sprains, broken bones and torn muscles or ligaments and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Risk of Emotional Trauma: "As a participant in the program, I recognize and acknowledge that I may be exposed to graphic pictures, videos, or descriptions of stressful situations accompanying law enforcement activities such as dismemberments, physical attacks, school shootings, and death or great bodily harm as a result of traffic accidents, attempted or actual suicides, and drug overdoses. These images, videos, or descriptions may cause emotional trauma including nausea, PTSD, or anxiety. I agree to assume the full risk of emotional trauma,

including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claim: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability: "I do hereby fully release and discharge the Village of Manteno and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I may have, or which may occur on account of participation in this program."

Indemnity and Defense: "I further agree to indemnify, hold harmless and defend the Village of Manteno and its officers, agents and employees from any and all claims from injuries, including death, damages and loss sustained by me arising out of, connected with or in any way associated with the activities of the program."

Criminal History Check: "I do hereby grant permission for a law enforcement records check to be performed. The undersigned waives all right of privacy regarding criminal history information, understanding that all Citizen Police Academy records are confidential. I understand that should it be determined that I have a criminal arrest record I may not be allowed to participate in the Citizen Police Academy."

Image release: "I understand that as a way of promoting the Citizen Police Academy, photographs and video imagery may be taken during academy sessions which might be used on the Village of Manteno's Web site, social media accounts, or appear in news outlets."

I have read and fully understand and agree to the above stated conditions of participation in the Manteno Police Department's Citizens Police Academy.

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Name of Applicant	Date
Applicant's Signature	
Juveniles aged 16 or 17 may attend the Citizens Poparent / guardian must sign the waiver on behalf of	olice Academy if attending with a parent or legal guardian. That f the juvenile.
Parent / Guardian Attending with Juvenile	(Printed Name)
Parent/Guardian Signature:	
	SUBSCRIBED AND SWORN to before me
	This,,

NOTARY PUBLIC