



# CITIZEN POLICE ACADEMY REGISTRATION FORM



PLEASE PRINT, COMPLETE AND RETURN THIS FORM to the  
14 E Camp McDonald Rd, Prospect Heights, IL 60070

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Contact Information

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

### Information

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## City of Prospect Heights/ Prospect Heights Police Department 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 City of Prospect Heights for any claims arising out of participation in the City of Prospect Heights Citizen Police Academy program.

**Risk of Injury:** "As a participant in the program, I recognize and acknowledge that there certain risks of personal 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."

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**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 City of Prospect Heights 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 City of Prospect Heights 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/background information, understanding that all Citizen Police Academy records are confidential. I understand that should it be determined that I have a criminal arrest or extensive record I will **not** be allowed to participate in the Citizen Police Academy."

I also understand that as a way of promoting the Citizen Police Academy, photographs may be taken during academy sessions which may be used on the City of Prospect Heights website, appear in local newspapers or other flyers. Any pictures will not be sold to anyone.

**I have read, fully understand and agree to the above stated conditions of participation in the Prospect Heights Police Department Citizen Police Academy.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Please print your name below as you would like it to appear on your graduation plaque:

\_\_\_\_\_  
(PRINT NAME)

If you have any questions, please contact Community Liaison Officer Lara Batten at:  
(847) 398-5511 ext. 103 or email [lbatten@prospect-heights.org](mailto:lbatten@prospect-heights.org)