



# Sudbury Police Department

75 Hudson Road  
Sudbury, MA 01776  
Business (978) 443-1042  
Fax (978) 443-1045

## Sudbury Police Citizens Police Academy

### Liability Waiver

**\*\*PLEASE READ THIS DOCUMENT THOROUGHLY BEFORE COMPLETING AND SIGNING\*\***

The Town of Sudbury is pleased to offer you the opportunity to participate in its Citizen Police Academy. This program can be an interesting and rewarding way to learn more about community policing.

The attached Release of Claims, Indemnity and Hold Harmless Agreement absolves the Town of Sudbury, the Sudbury Police Department, and their officials and employees from liability or responsibility for any harm or injuries you may suffer during or as a result of your participation in the Program.

**It also provides that the Town will not be liable or responsible for harm to others resulting from your participation in this program. Please consult with an attorney if you have any questions regarding this document.**

#### Participant's Information (Participant Must Over Eighteen Years Old):

Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**A copy of your health insurance card and photo identification must be provided to the Sudbury Police Department and attached to this application prior to your participation in the Program.**

#### Emergency Contacts:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Citizen Police Academy Participation: \_\_\_\_\_



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### Release of Claims, Indemnity, and Hold Harmless Agreement

I, \_\_\_\_\_, in consideration of the opportunity to participate in the Town of Sudbury Citizen's Police Academy Program, including but not limited to the opportunity to ride with an officer or officers while on duty and observe said officer or officers, do hereby release the Town of Sudbury, the Sudbury Police Department, and any employee, agent, official, or representative of the Sudbury Police Department and the Town of Sudbury, of any and all liability for any and all claims, actions, causes of action, demands, damages, costs, loss of services, expenses and compensation which I may have as the result of my participation in the Citizen's Police Academy Program and all activities related thereto.

I, \_\_\_\_\_, further acknowledge that my participation in the program is voluntary and may expose me or my property to the risks or happenings encountered by officers of the Town of Sudbury while engaged in the performance of their duties. I therefore enter this program assuming all risk of injury to my person or property arising from my participation in the program, and in this regard, assume and agree to pay all medical costs or property damage costs occasioned and thereby releasing the Town of Sudbury, and the Sudbury Police Department and its employees from and against all claims, damages, injuries or causes of action which I or my heirs, executors, or administrators may have herein. Furthermore, I hereby agree to protect the Town of Sudbury and its successors, departments, officers, employees, servants, attorneys and agents against any claim for damages, compensation or otherwise arising out of or resulting from any injury to any party in connection with my participation in the aforementioned activities and to INDEMNIFY, reimburse or make good to the Town of Sudbury or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, which the Town of Sudbury or its representatives may have to pay if any claims or litigation arises from said participation in the aforementioned activities.

I, \_\_\_\_\_, hereby further covenant for myself, my successors and assigns not to sue the said Town of Sudbury, its departments, officials, officers, employees, servants, attorneys, and agents, on account of any such claim, demand or liability.

I, \_\_\_\_\_, am fully aware that by signing this document I am releasing the above mentioned parties from liability that may arise as a result of intentional or negligent acts of these parties. Additionally, it is my intent to release the above mentioned parties from liability relating to any accident and resulting injuries, property damage, and/or death that may occur while participating in the program or riding on or near moving vehicles of the Sudbury Police Department.

**BY SIGNING BELOW, YOU ARE AGREEING THAT YOU HAVE FULLY READ AND UNDERSTOOD THE TERMS OF THIS APPLICATION AND AGREEMENT AND ACCEPT THE PROVISIONS SET FORTH IN THEIR ENTIRETY.**

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

Participant (Signature): \_\_\_\_\_ Participant (Printed): \_\_\_\_\_

Witness (Signature): \_\_\_\_\_ Witness (Printed): \_\_\_\_\_