

WAIVER OF LIABILITY

In consideration of being permitted to participate in the Madison Police Department Citizen's Academy, to include all activities associated with participation, I hereby waive and release the City of Madison, its agents, employees, personal representatives and assigns from any and all claims for all damages resulting to myself as a consequence of my participation in the Madison Police Department Citizen's Academy, and to further covenant and agree to indemnify the City of Madison, it agents, employees, personal representatives and assigns and hold each of them harmless against any and all (compensation) claims which may be made or brought against them as a consequence of the said activity.

SIGNATURE

DATE

Please print the following information:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

.....

MPD Supervisor Signature

Date

****Please return with completed Madison Police Department Citizen's Academy Application****