



CITY OF MADISON POLICE DEPARTMENT



Citizen Academy Release, Waiver of Liability and Indemnification Agreement

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

I, _____,
in consideration of being permitted to participate in the City of Madison Police Department Citizen Academy, hereby acknowledge and agree as follows:

I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Madison, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand these risks.

I understand that I may be riding in a vehicle owned and operated by the City of Madison and its Police Department and that may include accompanying officers of the City of Madison Police Department on calls and on their normal foot patrol routes which can place myself and others at risk of harm, including serious bodily injury and even death. I fully understand these risks.

I understand that I may participate in firing a weapon with live ammunition on a firing range. I understand that others may also be present at the firing range and firing weapons. I understand that a firearm is a lethal weapon and being a participant in activities on the firing range involves certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the City of Madison, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. These risks may include shooting, maiming and/or killing myself or another and/or being shot, maimed or killed by another. I fully understand the risks.

I understand that my involvement in these activities is entirely voluntary and I freely choose to participate.

I acknowledge that the City of Madison does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in these activities.

Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

Fully understanding the risks involved and the opportunity I am being afforded and by my signature on page two (2) of this agreement, I agree to the following Release, Waiver of Liability and Indemnification:

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE CITIZEN ACADEMY, I HEREBY WAIVE AND RELEASE THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN THE CITIZEN ACADEMY. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE CITIZEN ACADEMY, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN THE CITIZEN ACADEMY.

I acknowledge that I have read this two (2) page release, waiver of liability, and indemnification agreement and that I fully understand it.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT