



## Registration Form for Maumee Citizen Police Academy

<b>Last Name</b>		<b>City</b>	
<b>First Name</b>		<b>State</b>	
<b>Date of Birth</b>		<b>Zip Code</b>	
<b>Driver's License #</b>		<b>Phone #</b>	
<b>Street Address</b>		<b>E-Mail</b>	
		<b>T-shirt Size</b>	<b>Circle One:</b> S M L XL XXL XXXL XXXXL

**Registration Fee Due at time of registration:** \$30 Resident, \$40 Non-Resident.

Make checks out to: City of Maumee

\*A background check will be conducted of all applicants.

### Work History

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ How long employed with employer above: \_\_\_\_\_

### CRIMINAL HISTORY

Have you ever been adjudicated or convicted of a crime in any court?

No  Yes (if yes explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn of the Citizens Police Academy?

Friend  Relative  Neighbor  Website  Facebook  News

COMPLETE BOTH SIDES OF FORM



## WAVIER OF LIABILITY:

AS LAWFUL CONSIDERATION for being permitted to participate in this program and use facilities of the City of Maumee, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, or prosecute the City of Maumee, its employees, agents, or representatives for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or representative of the City of Maumee, as a result of my participation in the Citizen Police Academy. In addition, I hereby release and discharge the City of Maumee, its employees, agents, and representatives from all actions, claims, or demands, I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the Citizen Police Academy.

This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and provide citizens with insights on the criminal justice system.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF MAUMEE AND/OR ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

COMPLETE BOTH SIDES OF FORM