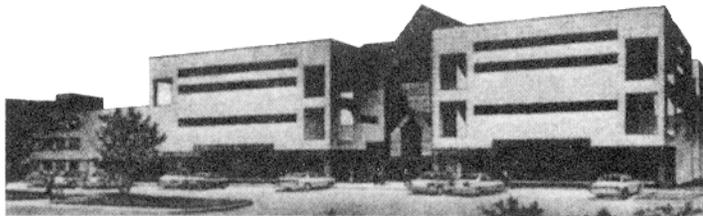


OFFICE OF THE SHERIFF



515 W. Moreland Blvd.
Box 1488
Waukesha, WI 53187

Waukesha County Jail
Box 0217
Waukesha, WI 53187

Waukesha County
Huber
1400 Northview Road
Waukesha, WI 53188

ERIC SEVERSON, *Sheriff*

**WAUKESHA COUNTY SHERIFF CITIZEN ACADEMY
APPLICATION**

Full Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Cell: _____

Employer: _____

Job Title: _____

E-Mail Address: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____

Telephone: _____ Relationship: _____

******* PLEASE READ AND SIGN NEXT PAGES *******

An Accredited Law Enforcement Agency

PIO CONTACT: DEPUTY JENNIFER WALLSCHLAEGER – PHONE 262-896-8137

Administration: 262-548-7126 Records: 262-548-7156 Process: 262-548-7151 Jail: 262-548-7170 Huber: 262-548-7181 Fax: 262-548-7887



WAUKESHA COUNTY SHERIFF'S DEPARTMENT

Citizens' Academy



Waiver and Release of Claims, Assumption of Risk and Warning of Risk

1. I acknowledge, understand and agree that my participation in the Waukesha County Sheriff Department's Citizens' Academy Program is voluntary.
2. I acknowledge that the Citizens' Academy Program involves physical activity such as walking, climbing stairs, touring the Jail, riding in a police vehicle, firearms training and classroom participation. The Citizens' Academy Program involves other risky activities that I may volunteer for as part of the program, such as being shot with a Taser weapon and consuming alcohol prior to undergoing field sobriety testing. I acknowledge and agree that participation in the Citizens' Academy Program requires some physical exertion and carries with it the potential for death, serious injury or property loss.
3. I agree not to participate in any activity for the Citizens' Academy program unless I am medically able.
4. I agree to not consume alcohol or ingest any medicines or substances on the day of a class for the Citizens' Academy Program in a manner that will inhibit my mental or physical ability to safely and effectively participate on that day.
5. I agree to abide by any decision of the Waukesha County Sheriff or his employees relative to my ability to safely participate in any aspect of the program. Participants are expected to exhibit appropriate behavior at all times, including obeying all civil and criminal laws. This includes respect for all people, equipment, and facilities, and cooperative, positive participation. Inappropriate conduct could result in being denied further participation in the program.
6. I assume the risks of participating in the Citizens' Academy Program with full understanding of such potential risks and expressly waive, release and discharge Waukesha County, the Waukesha County Sheriff's Department, and all Waukesha County officers, agents, employees, and elected officials (the "Releasees") from any and all claims, costs, expenses or liabilities (including those involving death, disability, personal injury or property damage) arising out of or relating to my participation in the Citizens' Academy Program whether caused, in whole or in part, by the sole or concurrent negligence (whether active or passive) or wrongdoing, strict liability or fault of the Releasees or otherwise ("Claims"). I further agree to indemnify the Releasees from any and all third party claims caused in whole or in part by my actions during my participation in the Citizens' Academy Program.
7. I acknowledge that I need to maintain my own medical, disability and life insurance sufficient to cover any expenses and damages that I, or my family, may incur, including loss of income, arising from my injury, disability or death.
8. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. The above release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency. I agree to be responsible for all necessary charges incurred by any transportation, hospitalization or treatment rendered to me pursuant to this agreement.
9. I grant permission to Waukesha County and the Waukesha County Sheriff's Department to use any photographs, video recordings or any other record of the Citizens' Academy Program for any purpose, including but not limited to promoting, advertising and marketing purposes. Any and all photographs, video recordings or other records of the event are the sole property of Waukesha County and the Waukesha County Sheriff's Department.

10. I recognize and acknowledge that there are certain risks of physical injury to participants in the Citizens' Academy Program and I voluntarily agree to assume the full risk of participating in the Citizens' Academy Program, including but not limited to any and all injuries, damages or loss, regardless of severity. I do hereby fully release and forever discharge the Releasees from any and all claims for injuries, illnesses, damages, expenses, or loss which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with the Citizens' Academy Program or related activities.
11. I acknowledge I have carefully read, accepted and agreed to the terms on this Waiver and Release of Claims, Assumption of Risk and Warning of Risk and know and fully understand its content and I sign the same on my own free act and deed. I have had any questions regarding its effect of the meaning of its terms answered to my satisfaction, all prior to its execution, and agree to those terms freely and voluntarily without any inducement or compulsion. I have been given the opportunity to bargain in regard to its terms. I understand that I have given up substantial rights by signing it. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. This release and waiver shall be binding upon me and my heirs, legal representatives and assigns.
12. The undersigned further agrees that this Release and Waiver is intended to be as broad and inclusive as permitted by law in the State of Wisconsin, and that if any portion hereof is found invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

(CHECK ONE):

_____ I am at least 18 years old

or

_____ My Parent/Guardian has reviewed this document and consented to its terms.
(Sign under next section.)

SIGNATURE _____

PRINTED NAME _____

DATE _____

COMPLETE THIS SECTION IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I, the parent or guardian of the above-named child, hereby give my approval to this child's participation in the Citizens' Academy Program and related activities. I acknowledge I have carefully read, accepted and agreed to the above-stated terms on this Release and Waiver, and know and understand their contents.

CHILD NAME (PRINTED) _____

PARENT OR GUARDIAN NAME (PRINTED) _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____