



CITIZEN'S POLICE ACADEMY APPLICATION

(Every Tuesday in March from 6:00 p.m. – 8:30 p.m.)

Date: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Address: _____

(City) (State) (Zip Code)

Social Security Number: _____

Phone: _____

Employer: _____

Occupation: _____

Work Phone: _____

Business Address: _____

Community groups/organizations affiliated with: _____

How did you hear about the Citizens' Police Academy? _____

Why do you want to attend: _____

Have you ever been convicted of a crime? Please explain briefly. (Note: background checks **will** be conducted on applicants) _____

Application Deadline: February 27, 2015 @ 5:00 p.m.

ASSUMPTION OF RISK INDEMNITY AGREEMENT

I have requested that the Henry County Sheriff's Office, the Martinsville City Police Department and the Martinsville Sheriff's Office, hereafter referred to as the "Agencies", allow me to participate in the Citizen's Police Academy. I am fully aware of the inherent risks associated with my participation in the Citizen's Police Academy which include, but are not limited to bodily injury, physical and emotional disability, death, and property damage. Understanding these risks, it is still my decision to participate in the Citizen's Police Academy and in consideration of the Agencies allowing me to participate, I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs, successors and assigns, will hold the Agencies, their officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain directly or indirectly as a result of my participation in the Citizen's Police Academy, whether caused by the negligence of the Agencies, their officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Agencies, their officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost and attorneys' fees incurred in defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Agencies, their officials, employees and agents, as a result of my participation in the Citizen's Police Academy.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the remainder shall continue in full force and effect.

I further understand that permission to participate in the Citizen's Police Academy is granted subject to the rules and regulations of the Henry County Sheriff's Office, the Martinsville City Police Department and Martinsville Sheriff's Office and such permission may be restricted or revoked entirely by the Henry County Sheriff's Office, the Martinsville City Police Department and the Martinsville Sheriff's Office respectively, in its sole discretion.

Witness my signature this _____ day of _____, 20_____

Participant Name Printed

Participant Signature

Witness Signature:

Henry County Sheriff's Office
Martinsville City Police Department
Martinsville Sheriff's Office

