

Kent Police Department
Citizen Police Academy
Participation Permit/Promise to Release

Name of Participant: _____
(Please print)

In consideration of the benefits I will receive from my participation in the Kent Police Department Citizen Police Academy, I do hereby release the Kent Police Department, the City of Kent, its police officers, public officials, agents, servants and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or to my property, or my death, arising out of, or related to, any happening or occurrence while I am participating in the Citizen Police Academy. For the same consideration, I agree to forever hold the City of Kent and said persons harmless from any such liability, claims, demands, actions or causes of action.

The items hereof shall be in full force and effect during the period of my participation in the Kent Police Department Citizen Police Academy.

Name, address and telephone number(s) of person(s) to be notified in case of emergency:

Signature of participant: _____

Date: _____

Witness: _____

Date: _____