

**Longmont Public Safety
Citizen Academy**

Agreement Assuming Risk of Injury and Damage Waiver
And
Release of Claims and Indemnity Agreement

I, _____, request the Longmont Department of Public Safety allow me to participate as a member or members of the Citizen Academy during the performance of their official duties.

I do hereby agree:

1. That I am aware that the work of Longmont Public Safety is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by participating with a member or members of the department during the performance of their official duties;
2. That I voluntarily and knowingly assume the risk of personal injury, property damage or death arising from or in an way connected with the use of vehicles; weapons; unlawful acts or forcible resistance by law violators or suspected law violators; fire; explosion; gas, electrocution; or injury in any other way, while participating with a member or members of the department during the performance of their official duties;
3. That the City of Longmont, its officers, agents and employees shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property incurred while participating with any member or members of the Longmont Department of Public Safety during the performance of their official duties resulting from any act or omission on the part of any member of Public Safety or of any member of the public;
4. That Longmont Public Safety is not assuming a special duty to me; and
5. For myself, my heirs, executors, administrators and assigns, to indemnify the City of Longmont, its officers, agents and employees against any and all manner of actions, caused, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while participating with any member or members of Longmont Public Safety during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

CAUTION: YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. Read this document in full before signing.

Date _____

Signature _____

Address _____

Phone _____

Witness _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Address: _____

I authorize the City of Longmont to obtain medical treatment for me, at my own cost and expense, in the case of an emergency.

Signature

Witness