



JOSHUA POLICE DEPARTMENT

SERVICE ACCOUNTABILITY INTEGRITY RESPECT TEAMWORK



Joshua Police Department Citizens Police Academy Waiver Form

I, _____, desire to participate in the Joshua Police Department Citizens Police Academy program. I understand that I may be involved in a variety of activities to gain an appreciation of the job of law enforcement officers. While none of the class activities require a high level of physical exertion, I understand that some of them may result in a higher-than-normal level of excitement and/or stress.

Further, I agree to assume all risks of participating in the Joshua Police Department Citizens Police Academy program, and do hereby remise, release, and forever discharge the Joshua Police Department, The City of Joshua, its employees and agents from any and all manner and actions, debts, claims, and demands, that I may have by reason of any manner arising out of the said activities organized by the Joshua Police Department during the Joshua Police Department Citizens Police Academy program.

Signature of Participant

Date