



# Rome Police Department

## Citizen's Police Academy

### Application



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DL# & STATE: \_\_\_\_\_

SS# \_\_\_\_\_ PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

PHYSICAL CONDITION: (Check one):  EXCELLENT  GOOD  FAIR  POOR

WHY DO YOU WISH TO ATTEND THE CITIZEN'S POLICE ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN'S POLICE ACADEMY?

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME?  YES  NO (If yes, explain)

By my signature below, I acknowledge the above information is a true and accurate representation and that **all of the above information is required** in order for the Rome Police Department to conduct a background inquiry with the Georgia Crime Information Center and make a determination of eligibility for the Citizen's Academy. I also understand I can only take this program one time and if I decide to volunteer, I can be removed from ALL activities if removed from one.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Applications may be mailed/faxed or delivered to:  
 Rome Police Department  
 5 Government Plaza Suite 300  
 Rome, GA 30161 Attn: Training Division  
 FAX: 706-236-5013  
 Email: rbailey@romepolice.com  
 For additional information call (706)236-2399

# Rome Police Department

5 Government Plaza Suite 300, Rome, GA 30161  
Office Phone 706-236-2399 FAX 706-236-5013

## Rome Police Department CITIZEN'S ACADEMY WAIVER, RELEASE AND INDEMNIFICATION

The Rome Police Department conducts a course known as the "Citizen's Police Academy", open to local citizens in which citizens are exposed to all major aspects of the operations of the Rome Police Department. The department conducts classes on and off the premises of the Rome Police Department, including particularly (but without limitation), class sessions at the **Joe Cleveland Training Center**. In consideration for the privilege and benefits to be derived from participating in the Citizen's Police Academy, the department is requiring all participants therein to execute this waiver, release and indemnification.

Participation in the Citizen's Police Academy class sessions may involve physical activities such as, but not limited to, lifting, walking, riding, the discharge of firearms and will include risks such as falls, interaction with other participants, effects of weather, the physical conditions of the facilities and features and equipment located thereon, together with the inherent risks of being in close proximity to the discharge of firearms and the utilization of various items of equipment and other weaponry used by law enforcement personnel. Participant expressly assumes these and all other risks arising in any way out of Participant's participation in Citizen's Police Academy activities; including any transportation provided to, from and between such activities. Participant represents and warrants him/herself to be physically fit and able to participate in such activities, and agrees to stop and request assistance if experiencing any symptoms or other conditions which would make it difficult or unsafe to continue; further understanding that Participant is solely responsible for their own health and safety. Participant understands that at all Citizen's Police Academy class times, the privilege of their participation shall be governed by the Rome Police Department (inclusive of officers, officials, representatives and employees) and Participant will abide by and follow any directions given by the Rome Police Department Personnel.

On behalf of Participant's self, heirs, executors and assigns, Participant does hereby waive and personally assumes any and all risks and liability for damages, losses, personal injuries or death which Participant might suffer, sustain or cause while participating in any activities of the Citizen's Police Academy and Participant does hereby release and forever discharge the Rome Police Department and City of Rome, all, officers, agents, employees representatives and other personnel (in their official and individual capacities), the County of Floyd County, Georgia, (collectively, the "Releases") from any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which Participant has or may hereafter acquire against the Releasee as a result of Participant's voluntary participation in the afore described activities, and Participant hereby holds harmless and agrees to indemnify Releases for all damages, attorneys fees and costs which may be incurred in defending any such demands, claims, actions and the like.

### WITNESSES: (Two witnesses, please)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

### YOUR SIGNATURE

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address: \_\_\_\_\_

Date \_\_\_\_\_