

# **Marco Island Police Department Citizens Academy & Ride Along Program**

## **Statement of Voluntary Consent General Release and Waiver of Liability Form**

In consideration of my participation in the Marco Island Police Department Citizens Academy and Ride Along Program, which entitles me to be present in the Marco Island Police Department and its patrol vehicles during the hours that I am engaged in actual Citizens Academy course activities, and to participate, under the direct supervision of a sworn member of the Marco Island Police Department, in Citizens Academy participant activities, I, \_\_\_\_\_, having knowledge and conscious appreciation of the particular dangers involved in police patrol and training activities, which could result in verbal abuse, physical abuse, and the loss of my life, do hereby agree and voluntarily consent to my participation in the Marco Island Police Department Citizens Academy and Ride Along Program, and assume the risks arising there from as well as hold harmless and release and forever discharge the Marco Island Police Department, and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to the Marco Island Police Department and the City of Marco Island, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them, and their heirs, representatives, executors, and administrators thereof, or any other persons acting in behalf, or in behalf of their respective agents, have or may have against the City of Marco Island and its police department, or any or all of the aforementioned persons or their successors, by reason of accident, illness, injury, or death, or any other consequences arising or resulting directly or indirectly from participation in the Marco Island Police Department Citizens Academy and Ride Along Program under the auspices of the Marco Island Police Department, and occurring during said participation, or at any time subsequent thereto. I AGREE and HEREBY further declare and represent that I am on notice, this being evidence and acknowledgement thereof, that the City of Marco Island and its police department has no medical insurance that covers me. The City of Marco Island has strongly recommended to me that I obtain medical insurance prior to participating in the Marco Island Police Department Citizens Academy and Ride Along Program.

1. I acknowledge and understand that by participating in this program I am exposing myself to all risks normally associated with police activity and I expressly assume such risks.
2. I understand that while participating in this program I will be assigned to one or more police officers and I agree that I will, at all times, follow the instructions and obey all commands, without question, issued by the officers or by superior officers.

3. I further understand that I am responsible for conducting myself in the following manner:
- a. I shall, at all times, be clean and neatly dressed. Where questions arise pertaining to suitability of attire, the final decision will be made by the Shift Commander or higher authority within the police department.
  - b. I shall not carry or possess weapons of any kind while participating in the Citizens Academy and Ride Along Program, unless under the direct and immediate supervision of an instructor and then only within course objectives and strictly in accordance with the instructor's commands and approval. At no time, will I possess weapons of any kind while participating in the Ride Along portion of the program.
  - c. I hereby acknowledge, understand, and consent to a criminal background investigation to be conducted by the Marco Island Police Department. Any and all unfavorable formation obtained could result in me being denied participation in the Citizens Academy and Ride Along Program.

FINALLY, I HEREBY declare and represent that in making, executing, and tendering the Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief, and knowledge of the circumstance involved in my participation in the Marco Island Police Department Citizens Academy and Ride Along Program, and that I have read this statement, understood its contents, and execute of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant's Signature: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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