



NEW BERLIN POLICE DEPARTMENT CITIZEN ACADEMY

Please complete and email form to fus@nbpolice.org or mail form to:

New Berlin Police Department
Attention: Officer Fus
16300 W. National Avenue
New Berlin, WI 53151

Personal Information

Legal Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home/Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

In case of emergency
contact:

Name *Relationship* *Phone*

Driver's License Number: _____ State: _____

Expiration Date: _____ Class: _____ Is your driver's license valid? _____

Please list any arrests or
citations associated with you
other than municipal traffic/
parking violations:

If yes, explain where, when, and disposition. (Attach additional pages if necessary)

Employment Information

Employer/Occupation: _____
Street Address

City *State* *ZIP Code*

I certify all statements made on this application are true and complete. I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand any deliberate misstatement or omission of material facts may disqualify me to attend the Citizens' Police Academy. I acknowledge participation in this program is contingent upon passing a background check completed by the police department at no cost to me. The New Berlin Police Department reserves the right to disqualify an applicant based upon material fact. Upon request, notice received 7 days prior to an event/program, efforts will be made to accommodate the needs of disabled individuals through appropriate aids & services. For additional information or to request this service pertaining to any programs/services coordinated by representatives of the New Berlin Police Department, please contact the Community Services Section at (262) 780-8149. My signature (actual or electronic) below acknowledges my understanding and agreement with the material provided.

Signature *Date*

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Questionnaire

1. How did you hear about the New Berlin Police Department (NBPD) Citizen Police Academy (CPA)?
2. What do you hope to achieve by participating in the CPA program?
3. In your opinion, what is the crime problem(s) or source of concern within the City of New Berlin?
4. How do you think the NBPD is handling the crime problem(s) at this time?
5. What would you advise the NBPD do differently (if anything) in dealing with the crime problem(s)
6. Do you feel the private citizen can make a difference in the crime problem(s) within the city? If so, How?

Please provide shirt size for a short-sleeved police polo shirt (Medium - XXL).

CITY OF NEW BERLIN POLICE DEPARTMENT CITIZEN'S ACADEMY WAIVER AND RELEASE OF LIABILITY FORM

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

BEFORE SIGNING THIS WAIVER AND RELEASE OF LIABILITY, READ THIS ENTIRE DOCUMENT CAREFULLY. IF YOU SIGN THIS WAIVER AND RELEASE OF LIABILITY AND AN INCIDENT OCCURS RESULTING IN INJURY OR LOSS OF PROPERTY, THEN YOU WILL BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT (262) 549-8181 WEEKDAYS BETWEEN 8:30 A.M. and 5:00 P.M.

This Waiver and Release of Liability, executed on this ___ day of _____, 20___, by _____ (the "undersigned") in favor of the City of New Berlin and its elected officials, officers, employees, and agents (collectively "City").

Waiver and Release

The undersigned freely, voluntarily, and without duress executes this Waiver and Release under the following terms:

The undersigned does hereby release and forever discharge and hold the City harmless from any and all liability, claims, and demands, either in law or in equity, which arise or may hereafter arise from the undersigned's activities with the City.

The undersigned understands that this Waiver and Release discharges the City from any liability or claim that the undersigned may have against the City with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Undersigned's activities with the City, **whether caused by the undersigned or by the negligence of the City or its officers, directors, employees, agents, or otherwise.** **However, the City and the undersigned understand that the City is not released from liability for harm incurred by the undersigned which results from the City's intentional or reckless conduct.**

The undersigned understands that the City does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness to the undersigned.

Activities

The undersigned desires to engage in the activities related to the Citizen's Academy facilitated by the City of New Berlin Police Department (the "Activities"). The undersigned understands

that the activities may include but are not limited to hands on self-defense classes, ride along activities in department vehicles, firing range participation and other police related activities. The undersigned acknowledges that said activities may be dangerous and could result in personal injury or death.

The undersigned hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the City from any and all liability for injury, illness, death, or property damage resulting from the Activities and caused by the undersigned or by the negligence of the City.

Medical Treatment

The undersigned does hereby release and forever discharge the City from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or services rendered in connection with the undersigned's activities with the City.

Photographic Release

The undersigned does hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the undersigned's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Construction of Waiver and Release and Severability

The undersigned expressly agrees that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. The undersigned agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable.

I have read this Waiver and Release of Liability thoroughly and fully understand and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made any representations, statements, or inducements that change or modify anything written in this Waiver and Release of Liability.

[SIGNATURE PAGE TO FOLLOW]

Full Name: _____
(print name legibly) First Name Middle Last

Address: _____
Undersigned's Address

_____ City State Zip

_____ Phone (Home) Phone (Cell)

Signature & Date

Signature: _____ Date: _____

Signature of Parent/Guardian & Date

(if participant is under the age of 18)

Signature: _____ Date: _____

IN WITNESS WHEREOF, undersigned and Parent/Guardian of undersigned have executed this Waiver and Release of Liability as of the day and year first above written.

Witness's Signature & Date

Signature: _____ Date: _____