



## NEW BERLIN POLICE DEPARTMENT CITIZENS' ACADEMY

Please complete and email form to [communitypolicing@newberlinwi.gov](mailto:communitypolicing@newberlinwi.gov)  
or mail form to:

New Berlin Police Department  
Attention: Community Services Section  
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*

# NEW BERLIN POLICE DEPARTMENT CITIZEN ACADEMY

## 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: \_\_\_\_\_

**NEW BERLIN POLICE DEPARTMENT – Application to Ride Along/Release and Waiver of Liability**

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP
EMERGENCY CONTACT NAME	ADDRESS	CITY	STATE
			PHONE#

I hereby apply for permission to ride along with the New Berlin Police Department (NBPD) and agree to the following conditions, release, and waiver.

**Conditions:**

1. I authorize the NBPD to conduct a background check on me (to include, but not limited to checks of the NCIC criminal history and warrant files, NBPD local records, and department of transportation (DOT) records to verify my suitability to participate in the ride-along program.
2. If authorized to participate, I will follow all instructions of the officer(s) and/ or police supervisory personnel.
3. I agree **to dress in appropriate attire (i.e. business casual) and** conduct myself in a law abiding and professional manner at all times.
4. I agree not to make any audio or video recordings during the period of my ride-along.
5. I agree to keep confidential any sensitive police related information I am privy to during my ride-along pertaining to investigations, and/ or individuals in contact with NBPD.
6. I understand and agree that it may become necessary to suddenly terminate my ride-along due to an emergency call, and I may be dropped off and have to make arrangements to be picked up.
7. I understand and agree that I am not allowed to carry a firearm or other weapons on my person during my ride-along, regardless of any “sworn officer” or “concealed carry permit holder” status.

**Release and Waiver:**

For and in consideration of the City of New Berlin Police Department extending me, at my request, the opportunity of participating in the Citizen Ride Along Program, I hereby assume all risk of personal injury, death, property damage and any loss I may sustain in or about any patrol car and in any other way arising out of the program, and I hereby release the City of New Berlin, its officials, Police Department, police officers, and all other personnel from any and all liability whatsoever for personal injury, death, property damage and any other loss I may sustain in or about any patrol car and in any way arising out of the program.

I further agree to indemnify and hold harmless the City of New Berlin, its officials, Police Department, police officers and all other personnel from any and all claims, demands or actions arising out of personal injury, death, property damage or other loss to me in or about any patrol car and in any way arising out of the program.

It is my intent that the assumption of risk, release and hold harmless herein described are binding upon my heirs, executors and administrators.

X \_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (date)

X \_\_\_\_\_  
 (Approved By)

\_\_\_\_\_  
 (date)