

official City purposes.

CITY OF BULLHEAD CITY

Citizens' Police Academy Return completed application to:

Bullhead City Police Department

1255 Marina Boulevard Bullhood City A7 86442

	Builleau City, AZ 60442					
	Phone:	928-763-9200	FAX: 928-763-5558	TTY: 928-7	'63-0143	
PE	RSONAL DATA					
1.	Last Name	Name First Nam		Middle		
2.	Street Address	C	ity	State	 Zip	
3.	Home Phone:	Work/Co	ell Phone:	Email:		
1.	Emergency Contact:	Mame Phone No.		one No.		
5.	Social Security Number:			Date of Birth:		
6.	Driver's License No	St	ate:	Expiration Date:		
7.	Personal Reference:Nam	e A	Address, City, State, Zip	P	hone No.	
Th	is Citizens' Police Academ b	•	thorization for Release Participant must be 18	•	elease") must be signed	
he cove	ticipation: I know of no reaso Citizens' Police Academy. I un erage for me. I understand that hage or injury I might cause other	nderstand that no Cit my own insurance, if	ty affiliated organization is	providing medical or	any other type of insurance	
elea _and	ease from Liability: In considerate, indemnify, defend and hold Management/Bureau of Reclassors, administrators or assign	d harmless the City, Namation), all sponsor ns assisting in any pl	Mohave County, the State or s of any special event, org hase of a special event or in	f Arizona, the United anizations, individuals any workplace activi	States of America (Bureau of s or their employees, agents, ty, from liability for any claim,	

e. action, loss, liability or suit for damages, including attorney's fees, of any kind arising out of my participation. I understand that this Release is binding upon my heirs, personal representatives, administrators, successors and assigns and those of the parties listed above. I agree, at my own expense, to defend, protect and hold harmless all those listed above against any claim, action, loss, liability or suit for damages of any kind arising from my participation. This Release also serves as my permission for the use of any images taken of me during my participation and my waiver of any compensation for their use by the City and its assigns for any promotional or

Assumption of Risk: I assume all risks and full responsibility for my conduct and actions, including any injury to myself or others and damage to property that may result while participating. I understand that the scope of my participation may primarily include indoor activities. I understand that the City is not responsible for conditions I create for myself or those created by other participants. I recognize that the City makes no representations whatsoever as to whether all locations and situations surrounding my participation are fully safe or as to whether any safety recommendations provided are comprehensive or adequate. I realize that participation may be hazardous and involve risk of serious bodily injury, death, or property damage.

Information: I authorize the City to obtain from other parties, and to furnish any authorized representative of the City, all information it has or gathers concerning my application. This information may include, but is not limited to, character, personal history and driving record or criminal history. Information of a confidential or privileged nature may be included.

I affirm that this application contains no misrepresentations, omissions or falsifications and that the information is true and complete to the best of my knowledge and belief. I also understand that I will be required to undergo a background investigation, which will include a criminal history. If selected as a participant for the Citizens' Police Academy, I understand that my application will be considered "public record" pursuant to Arizona Revised Statutes § 39-121, and may be made available to any person, including the news media.

I HAVE READ THIS RELEASE. UNDERSTAND IT. AND FULLY AGREE TO ITS TERMS.

Signature (Do not print):	Date