MILFORD POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION

Name:	DOB:
Home Phone#:	Cell #:
Address:	
City/State/Zip:	THE THE PARTY OF T
SSN:	Alias: (include Maiden Name:
The above information will be use the public nor is it published, sold enforcement purpose. With your signature be	Race: White Black Hispanic Other (Circle one) nvicted of a felony?YesNo ed to check your criminal history. This information is not released to l, or provided to any entity except a law enforcement agency for a law low you agree to allow the Milford Police
	your criminal and driving record(s) to determine as Police Academy. IF YOU DO NOT AGREE TO SIGN THE FORM:
Signature of Applicant	Date/Time

MILFORD POLICE DEPARTMENT CITIZENS POLICE ACADEMY

WAIVER OF LIABILITY

I understand that during certain portions of this academy I may be exposed to dangerous circumstances and environments. While I understand that the Milford Police Department will make reasonable accommodations for my safety, I understand that my safety cannot be guaranteed. With my signature below I agree to hold harmless, the City of Milford to include any agent thereof, from liability resulting from any circumstance regardless of negligence or non-negligence. I further agree to accept financial liability for the treatment of any injury incurred during my participation in the Citizen's Police Academy.

	TO THE PARTY OF TH
Signature	Date/Time

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MILFORD POLICE DEPARTMENT CITIZENS POLICE ACADEMY

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