



CITY OF MADISON POLICE DEPARTMENT



Community Academy
Release, Waiver of Liability and Indemnification Agreement

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

I, _____,
in consideration of being permitted to participate in the City of Madison Police Department
Community Academy, hereby acknowledge and agree as follows:

I understand that I am a willing participate in a learning environment. Demonstrations and hands-on
activities could present certain risks, including bodily injury. These risks may be caused by the
actions or inactions of myself, the conditions existing at the time, the negligence of the City of
Madison, its employees or others, and that there may be other risks either known or unknown or not
foreseen at this time. I fully understand these risks. I understand that my involvement in these
activities is entirely voluntary and I freely choose to participate.

I grant permission to the City of Madison to allow any media coverage (photographs, video, etc.) of
the Community Academy that might contain images of me, my likeness or voice. I understand that
this media and any identification information may be published in a local newspaper or used by the
City of Madison for publicity purposes and I authorize that use.

I acknowledge that the City of Madison does not provide any kind of medical coverage for me should
I be injured as a result of participation in these activities. Furthermore, while engaged in such
activities I will make safety my primary concern and at all times use and implement proper
procedures and precautionary measures. Fully understanding the risks involved and the opportunity
that I am being afforded, and by my signature on this accord, I agree to the following Release,
Waiver of Liability and Indemnification:

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE COMMUNITY ACADEMY, I
HEREBY WAIVE AND RELEASE THE CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS,
AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES
RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN THE COMMUNITY
ACADEMY. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE
COMMUNITY ACADEMY, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE
CITY OF MADISON, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL
ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS
WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE
RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION
IN THE COMMUNITY ACADEMY.

I acknowledge that I have read this 1 page release, waiver of liability, and indemnification
agreement and that I fully understand it.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT