



GILFORD POLICE DEPARTMENT

Kristian J. Kelley
Chief of Police

Name: _____ DOB: _____

Address: _____ Phone: _____

By way of this application, I hereby understand I am being advised that the Ride Along Program, firearms training and familiarization, handcuffing, OC Spray, and any other law enforcement training by its nature contains certain inherent risks and situations, which could result in my being seriously injured, disabled or killed.

INITIAL: _____

KNOW ALL MEN BY THESE PRESENT that I, _____,
On my own behalf and on behalf of my heirs, next of kin, executors, administrators, estate agents and assigns, and representatives of any nature whatsoever, for and in consideration of authorization and permission to accompany officers or any officer of the Gilford Police Department during the Citizen Police Academy, which I am voluntarily participating in, after having been fully advised of the potential hazards of such activity or activities, do hereby WAIVE and RELEASE all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, whether in law or in equity, that I or my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever might otherwise have against the Town of Gilford, New Hampshire, the Gilford Police Department, and each and every officer, official, member, employee, agent and attorney thereof and therefore, and his/her heirs, next of kin, executors, administrators and estate, on account of my death or injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future as a result of my activities or association with the Gilford Police Department, whether in a police vehicle, in the police station, or otherwise associated with the police department and officers and officials thereof in any manner whatsoever.

It is expressly agreed and understood that this WAIVER and RELEASE shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid parties as a result of my association and activities with the police department on any date and time during the duration of the Citizens Police Academy.

I hereby declare that the terms of this WAIVER and RELEASE have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge receipt of a copy of this agreement.

In further consideration of the aforesaid authorization and permission granted to me to accompany an officer or officers of the Gilford Police Department at my own request, I hereby promise and agree to FULLY COMPLY with all instructions given to me for the purpose of protecting my personal safety and that of my property.

WAIVER MUST BE SIGNED BY THE APPLICANT AND SIGNATURE WITNESSED BY A JUSTICE OF THE PEACE OR NOTARY PUBLIC.

Applicant Signature

In witness hereof, I hereunto set my hand and seal this _____ day of _____, 20____

Justice of the Peace / Notary Public

Supervisor Signature