



BRISTOL POLICE DEPARTMENT

230 Lake Street, Bristol, NH 03222



Chief of Police
Michael F. Lewis
mlewis@townofbristolnh.org

Citizen Police Academy *Waiver of Liability*

I. Name: _____ Date of Birth: _____
Address: _____
Home Phone: _____ Business Phone: _____

II. In consideration of being allowed to participate in the Citizen Police Academy

A. I, _____, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable the Town of Bristol, its officers, agents and employees, for any and all actions, causes of actions, claims, demands, costs or damages, both foreseen and unforeseen, arising from or resulting from property damage, personal injuries or death sustained by me or my property or any of my heirs or assigns as a result of my participation in the Citizen Police Academy Program, whether caused by negligence or an intentional act.

B. I understand that my participation in this program may include riding in a marked police cruiser with a uniformed police officer who will be responding to police calls for service and performing other routine police duties. I hereby agree to obey the instructions of any police officer regarding matters affecting official police business. I know that, as an inherent incident of my participation in this program, I may at times be placed in unpredictable situations, both foreseeable and unforeseeable, which may be dangerous, and that there is no duty on the part of the Town nor any of its officers or employees to protect me from said danger.

C. I understand that my participation in the Citizen Police Academy Program may be terminated at any time by the Bristol Police Department if I violate any Department Standard Operating Procedure. I further understand that I not be certified as a police officer as a result of attending this Citizen Police Academy and that I have no law enforcement powers.

D. I state that I have carefully read this Release, know the contents thereof and sign my name as a free and knowing act.

CAUTION: This is a complete release of all rights. Read carefully before signing.

Signature: _____

Date Signed: _____

Witness: _____

Printed Name of witness: _____

"Gateway to Newfound Lake"