



**CITY OF DORAL POLICE DEPARTMENT
RELEASE, WAIVER, AND REQUEST FORM
for Application to the Citizens Police Academy**

Adult

Youth

WHEREAS, the undersigned, being over the age of twenty-one, or has the authorization as signed by parent or guardian, applies to the City of Doral Police Department, City of Doral, Florida, for permission to participate in the Citizens Police Academy; and

WHEREAS, the undersigned agrees to waive all claims against the City of Doral and/or its employees for any damage or injury the undersigned may suffer or sustain from any cause which may result from riding in a City vehicle either directly or indirectly; and

WHEREAS, the undersigned agrees to indemnify the City of Doral for any damage the undersigned may cause to others, and to assume any and all costs associated with the forgoing activity.

NOW, THEREFORE, in consideration of permission to engage in the foregoing activity and for other valuable considerations, the undersigned hereby covenants and agrees as follows:

1. I hereby agree at all times to obey all instructions, orders, and commands given to me by the officer or officers in command of the Citizen Police Academy.
2. I realize, recognize, and fully appreciate the basic nature of law enforcement work and the possibility that situations may arise which may result in my being exposed to the danger of physical harm or injury, including, but not limited to, motor vehicle accidents and accordingly, I hereby waive all claims for damage to my person or for loss of property which may be caused by any act, of the City of Doral, its officers, agents or employees in or about the aforementioned activity or participation.
3. I hereby agree to reimburse the City of Doral for any damage I may cause to any City equipment or property and agree to hold the City harmless from liability for any injury I may cause to others either directly or indirectly.
4. I hereby assume all risk and agree to be fully responsible for the safety of my person and property, and assume full responsibility for any accident, death, dismemberment, or temporary or permanent disability resulting to me as a result of the aforementioned activity or participation and agree to hold the City of Doral its employees, agents, and servants harmless from all liability to the undersigned for personal injury or property damage sustained during the period of time the undersigned is participating in the Citizens Police Academy.
5. All participants are required to maintain a neat, clean and professional appearance while participating in the ride-along program. All participants are required to dress in business casual attire during the ride-along. Attire which, at the authorizing supervisors' discretion, is not appropriate will result in the participant's disqualification from the ride-along. Participants shall not be permitted to wear shorts, tee shirts, printed shirts with offensive or suggestive material, overly revealing attire, flip flops or sandals. Decisions on questionable attire shall be resolved by a supervisor.

6. I hereby agree that a background check will be completed by the City of Doral Police Department before I am deemed eligible to participate in the Citizens Police Academy.

This form shall be completed and notarized before submission

Applicant Name

Applicant Signature

Home Address

Telephone Number/ Email Address

Driver's License Number

Date of Birth / Age

Guardian Name-If Under 18

Guardian Signature-If Under 18

Relationship

Telephone Number

Reason for participation:

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____ 20____,
by _____, who is personally known to me or who has produced
_____ as identification, and who did (did not) take an oath.

Signature of Notary Public at large,
State of Florida

Print, Type or Stamp Name of Notary Public

*** This section will be completed by Doral Police Department (Attach a copy of the Driver's License for Adult. Attach a copy of the State ID or Student ID for youth to this form)**

Accepted by: _____ Date: _____-_____-_____

Criminal History Check (NCIC/FCIC) Date: ____-____-____ BY: _____ ID# _____

Driver's License State ID Student ID Copy Attached: Yes No

Approved By: _____

Denied By: _____ Reason: _____

Applicant Notified by: _____ ID# _____ Date: _____-_____-_____

Applicants Behavior Acceptable Not Acceptable (Please Explain) _____