



Santa Cruz Police Department Citizen's Police Academy Application

Name: _____
Address: _____ City: _____ Zip Code: _____
Email: _____ Phone: _____
Date of Birth: _____ Driver's License/State: _____
Occupation: _____ Work Phone: _____

Eligibility Requirements. Applicants for the Citizens Police Academy must meet the following criteria: (1) Live or work in the City of Santa Cruz; (2) Be at least 18 years of age; (3) Have no felony convictions; and (4) Have no misdemeanor convictions within three years prior to application. Any requirement may be waived or modified upon review and approval of the Chief of Police.

Background Authorization: I understand that a criminal history, a warrant check, and a license check will be conducted by the Santa Cruz Police Department ("SCPD") as part of the application process. I hereby authorize any law enforcement agency to release all information related to me to the Santa Cruz Police Department. I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers/responses to the questions contained in the Citizen's Police Academy Application. All statements and answers are true, accurate, and correct to the best of my knowledge. I further understand that falsifying, withholding, or failing to answer all questions completely and accurately may cause rejection from consideration for participation in the Citizen's Police Academy.

Release and Waiver from Liability: I, as a participant in the SCPD's Citizen's Police Academy ("CPA") on my behalf, and on behalf of my representatives, heirs, successors and/or assigns (collectively "Participant") release and discharge the City of Santa Cruz ("City"), SCPD and their respective officials, officers, employees, volunteers, activity agents, activity sponsors and licensors from, and waive in respect of each and covenant not to sue for any and all liabilities, losses, damages, costs, expenses (including but not limited to attorneys' fees and expenses), causes of action, suits and claims of any nature whatsoever, arising from, based upon or relating to personal injury or death to, or damage to or loss of property of the Participant sustained in connection with participation in the CPA. Such release, discharge, waiver and covenant not to sue shall include, but not be limited to, any and all such liabilities caused in whole or in part by the negligence of any in connection with or involved with the CPA, to the fullest extent permitted by law.

Assumption of Risk: In participating in activities with the CPA, Participant is aware of and agrees to accept and assume any and all risks, known or unknown, anticipated or unanticipated, including the risk of personal injury property damage, or death, arising from, based upon or relating to Participant's participation in the CPA. Participant is voluntarily participating in the CPA and Participant accepts the potential dangers and hazards involved, which may include, but are not limited to: dangers or risks that may arise due to exposure to infectious diseases and viruses (such as the Corona virus, COVID-19), exposure to asymptomatic, sick, or ill individuals, risk of property damage, or risk of any other type of injury (physical or mental), including death. Participant understands and agrees that, in the event of any injury to Participant, the CPA will not be responsible for any decisions relating to medical treatment for Participant nor for such treatment as may be required.

Compliance with All Laws and Rules: Participant agrees to comply with any all rules and protocols related to public and personal health and/or safety, including but not limited to such as those required in response to the COVID-19 pandemic issued by the Santa Cruz County Public Health Department and/or by the Center for Disease Control and Prevention.

Photo/video Release: Participant hereby gives the City, SCPD, and their respective employees and/or agents the right to use photographs or videos of Participant while participating in the CPA for reproduction in any medium or social platform for any lawful purposes.

Representations. By selecting each of the above boxes and signing below, I acknowledges and agree to the above, and agree that I am in good physical and mental condition to participate in the CPA and am not subject to any medical condition that poses or may pose any risk or harm or disability to myself or others. I am voluntarily signing this agreement and by doing so I am accepting its terms as binding upon myself, my heirs, successors and or/assigns. I understand and acknowledge that an electronic copy of my signature below shall be accepted and valid as an original.

Signature: _____

Date: _____