

ANTIOCH POLICE DEPARTMENT
433 ORCHARD ST.
ANTIOCH, IL 60002



CITIZEN'S POLICE ACADEMY
APPLICATION AND PROMISE TO RELEASE LEASE

Full Name of Participant: _____

Date of Birth: _____

Driver's License #: _____

Address: _____ City: _____ Zip: _____

In consideration of the benefits that I will receive from my participation in the Antioch Police Department Citizen Police Academy sponsored by the Antioch Police Department, I do hereby release the Village of Antioch. Its police officers, public officials, agents and employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the academy, and do voluntarily agree to a background check to confirm my suitability for participation. For the same consideration, I agree to forever hold the Village and said persons harmless from any such liability, claims, demands, actions or causes of action.

The terms thereof shall be in full force and effect during the period of my participation in the Village of Antioch Citizen Police Academy.

Signature of Participant: _____

Date: _____ Daytime Phone # _____

Submission of application does not guarantee selection to participate