

**LEWISVILLE POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
APPLICATION**

DATE: _____

NAME: _____

PHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ DL NUMBER: _____ EMAIL: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

OCCUPATION: _____ HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, PLEASE GIVE
DETAILS: (Attach additional sheets if necessary)

PLEASE GIVE THE NAME, ADDRESS, AND PHONE NUMBER OF TWO CHARACTER REFERENCES:

1.	
2.	

I UNDERSTAND BY ENROLLING IN THE CITIZEN POLICE ACADEMY, I AM SUBJECT TO A BACKGROUND CHECK WHICH INCLUDES A CHECK OF ANY ARREST RECORD, DRIVING RECORD, OR OTHER CRIMINAL HISTORY.

(Signature of Applicant)

**RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION
AGREEMENT FOR CITIZEN POLICE ACADEMY CLASS**

In consideration for the acceptance of my registration as a participant in the City of Lewisville Citizen Police Academy Class, and with the understanding that my participation is only on condition that I enter into this agreement, for myself, my heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the class and all other risks, inherent in any other activities conducted with this class in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation and release from liability the City of Lewisville, each of its officers, directors, agents, representatives, employees and all other persons and entities associated with the class. I hereby waive any claim I may hereafter have as a result of any and all injury to my person or property as a result of my participation in the class and in any other activities connected with this class in which I may voluntarily participate. I hereby agree to indemnify all the above-named persons, for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been injured or damaged as a result of my participation in the class.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE. I AM OF LAWFUL AGE AND LEGALLY COMPETENT TO MAKE THIS AGREEMENT.

Signature

Date