



Boulder County Sheriff's Office

JOE PELLE
Sheriff

Citizens' Academy **Application, Waiver and Indemnification Agreement**

Name _____

Date of birth _____ Shirt Size (S/M/L/XL) _____

Address _____
Street City State ZIP Code

Home phone (_____) _____ Work (_____) _____

In case of emergency contact _____
Name—Relationship—Telephone number

E-mail Address _____

Drivers License Number _____ State _____

Have you ever been arrested? _____ Yes _____ No

If yes was answered on the above question, explain where, when and disposition:

Place of employment _____

Address _____
Street City State ZIP Code

Occupation _____

I understand and agree that the filing of this Application, along with an application fee of \$30, in no way obligates the Boulder County Sheriff's Office to allow my entry into the Citizens' Academy. If, after a background check, I am accepted, this Agreement shall be in full force and effect. Should my Application be denied, the Boulder County Sheriff's Reserve Association will return my check un-cashed.

I hereby agree that I am healthy and physically fit and capable of participating in the Citizens' Academy ("Academy") as offered by the Boulder County Sheriff's Office, Boulder Colorado.

I understand that participating in the Academy will expose me to certain risks. I hereby assume all risks associated with my attendance and participation in the Academy. These risks include, but may not necessarily be limited to physical harm resulting from physical contact with other participants or deputies in various physical activities which are being offered.

Administration - Operations - Staff Services
1777 6th Street
Boulder, Colorado 80302
303-441-4605 303-441-3650 303-441-3600

Jail Division
3200 Airport Road
Boulder, Colorado 80301
303-441-4600

Communications - Emergency Services
1805 33rd Street
Boulder, Colorado 80301
303-441-4444 303-441-3390



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I state that I understand that a portion of the Academy involves physical exercises, such as but not limited to handcuffing, resisting arrest, take-downs, etc. I further state that I understand that participation in these physical exercises is totally voluntary on my part and if I choose to participate in any or all of such exercises, that I am doing so at my own risk.

I also understand and agree that as a participant in the Academy, I am not an employee or agent of the Boulder County Sheriff's Office, nor am I being given any law enforcement authority.

I, on behalf of myself, my heirs, successors and assigns, agree to release, indemnify and hold harmless Boulder County and the Boulder County Sheriff's Office, its deputies, agents and employees, from any loss, damage or expense sustained or incurred by me, my heirs, successors or assigns, arising from any claims, cause of action or liability, whether brought by me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

If litigation becomes necessary and is related to this Agreement, the prevailing party shall be entitled to an award of its reasonable attorneys fees.

I have read this agreement before signing it, understood its consequences and agree to its terms.

Dated _____

Participant

Witness

<p>Please attach a check for \$30 payable to the Boulder County Sheriff's Reserve Association, and Return to: Boulder County Sheriff's Office Attention: Commander Phil West 1777 6th St. Boulder, CO 80302</p>	<p>Questions: Commander Phil West, (303) 441-3621 Reserve Deputy Eric Bagdikian, mailto:ebagdikian@bouldercounty.org/</p>
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Approved / Disapproved Date _____