



Community Academy Application

Name: _____ D.O.B.: _____
(Last) (First) (MI) (mm/dd/year)

Driver License Number: _____ State: _____ Expiration: _____

Home Address: _____
(Street)

(City) (State) (ZIP Code)

Home Telephone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Telephone: _____

Can you fulfill the commitment to attend all classes for the duration of the Community Academy?

Yes: No: If no, please comment:

What, if any, is the extent of your involvement in the community? (Clubs, social groups, etc)

Is there a Law Enforcement topic you would especially like included in the Community Academy?

I, hereby, make application for the Community Academy hosted by the City of Piedmont Police Department.

I understand that a standard background check may be conducted using the information I have provided.

I understand that a prior criminal conviction may prohibit my participation in the Community Academy.

I understand that all obtained information will be confidential.

All information provided is accurate to the best of my knowledge.

Signed: _____

Dated: _____

I, hereby grant permission to the City of Piedmont to reproduce any portion of the photo images taken by the City of Piedmont during the duration of this course for the purpose of SELF USE and or SELF PROMOTION publications which can include but is not limited to, books, cards, calendars, invitations and websites without any more compensation or recognition given to me. I do not grant permission to resale or use the photographs in a manner that would exploit or cause malicious representation toward me.

As a Community Academy participant, you will be offered the opportunity to participate in a variety of practical exercises after being provided the proper training.

City of Piedmont Volunteer Waiver and Release from Liability/Assumption of Risk

In consideration of the acceptance of my participation in the City of Piedmont's Community Academy, I knowingly and voluntarily assume all risks arising therefrom, and on behalf of myself, my heirs, and assignees, hereby waive, release, and discharge and agree not to sue the City of Piedmont, their agents, representatives, officers, employees, and volunteers (hereinafter collectively referred to as "City") from any and all claims, liens, damages, lawsuits, or liability for property damage, injury, or death resulting from, and arising out of, or in any way connected with my participation in the City of Piedmont's Community Academy.

COVID-19

I agree to follow all County and State recommendations to prevent the further spread of COVID-19. COVID-19, and its variants including Omicron and Delta, are extremely contagious and are believed to be spread mainly from person-to-person contact.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. Adults over age 65 and people of any age with serious underlying medical conditions including but, not limited to HIV, asthma, and other respiratory conditions, and pregnancy, may be a higher risk for more serious complications from COVID-19. The City cannot guarantee that you will not become infected with COVID-19 as a result of participation in the Community Academy.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by partaking in the Community Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in the Community Academy may result from the actions, omissions, or negligence of myself and others, including but not limited to the City, and Community Academy program participants.

Waiver of Liability

I have carefully read this release, indemnification, hold harmless and agreement not to sue and fully understand its contents. I am aware that by signing it I am giving up legal rights. I understand this is a release of all liability arising from the City's, my, or other Community Academy participants' negligence and I have signed it of my own free will.

I agree and acknowledge that this Waiver and Release from Liability/Assumption of Risk shall apply even in the event that I suffer death, personal injury, or property damage as a result of passive or active negligence on the part of the City (with the exception of grossly negligent conduct or willful misconduct).

I further understand that I will not receive any compensation for participation in the Community Academy, nor will I be covered for workers' compensation by the City while I am participating in the Community Academy.

DATE: _____

SIGNATURE OF PARTICIPANT

NAME OF PARTICIPANT (please print)

EMERGENCY CONTACT INFORMATION (Phone Number/Text)

Completed applications must be returned to:

Piedmont Police Department
Attn: Captain Chris Monahan
403 Highland Ave
Piedmont, CA 94611

You can also email the form to CMonahan@Piedmont.ca.gov
If you have any questions, please feel free to call (510) 420-3012