



# YORK POLICE DEPARTMENT

12 NORTH ROOSEVELT STREET • P.O. BOX 500  
YORK, SOUTH CAROLINA 29745  
(803) 684-4141 MAIN • (803) 684-1712 FAX  
www.yorksc.gov/police  
**BRIAN TRAIL**  
**CHIEF OF POLICE**

## CITIZEN'S ACADEMY APPLICATION

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Physical Condition: (check one) \_\_\_ excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Why do you wish to attend the York Police Citizen's Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you first hear about the Citizen's Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the names, addresses, and phone number of two character references.

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone# \_\_\_\_\_ Phone# \_\_\_\_\_

By my signature below, I acknowledge the above information is true and accurate representation and that all the above information is required by the YPD to conduct a background inquiry with the Department of Law Enforcement.

Signature: \_\_\_\_\_

Applications may be mailed or delivered to: York Police Department  
#10 North Roosevelt Street  
York SC 29745

Citizen's Academy Release of Liability

The Citizens' Academy is conducted by the YORK POLICE DEPARTMENT. The Citizen's Academy exposes participants to major aspects of the operations of the YORK POLICE DEPARTMENT. Classes are conducted at the York Police Department, York County Training Center, The Moss Justice Center and other locations. In consideration for the privilege and benefits to be derived from participating in the Citizen's Academy, The Chief of Police requires all participants therein to execute this waiver, release, and indemnification.

Participation in the Citizen's Academy may involve physical activities such as, but not limited to, lifting, walking, riding in motor vehicles, and discharging firearms. Associated risks may include, but are not limited to, falls, interaction with other participants, effects of weather, the physical conditions of the facilities, and features and equipment located thereon, the inherent risks of being in close proximity to the discharge of firearms and the utilization of equipment and weaponry used by law enforcement personnel.

I, \_\_\_\_\_, understand that there is a risk of injury from participation in the Citizen's Academy activities, including any transportation provided to, from and between such activities. I represent and warrant myself to be physically fit and able to participate in such activities, and I agree to stop and request assistance if I experience any symptoms or other conditions that would make it difficult or unsafe to continue: further understanding that I am solely responsible for my own health and safety. I understand that the privilege of participating in the Citizen's Academy will be governed by the Chief of Police (inclusive of all officer, officials, representatives, and employees) and I will abide by and follow any and all directions given by such POLICE personnel.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.

I, for myself and on behalf of my heirs HEREBY RELEASE AND HOLD HARMLESS THE YORK POLICE DEPARTMENT, THE CITY OF YORK, SC, THE YORK COUNTY SHERIFF'S OFFICE, THE COUNTY OF YORK, SC, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES OR OTHER PREMISES AND FACILITIES UTILIZED BY THE POLICE DEPARTMENT FOR CITIZEN'S ACADEMY ACTIVITIES, (releases), with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARIYLY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address State zip code

\_\_\_\_\_  
Date

Witnesses (two witnesses please)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name