



Boulder County Sheriff's Office

Curtis Johnson
Sheriff

Community 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 (_____) _____

Mobile Phone (_____) _____

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, in no way obligates the Boulder County Sheriff's Office to allow my entry into the Community Academy. If, after a background check, I am accepted, this Agreement shall be in full force and effect. I understand that if I am selected to participate in the Community Academy, I will be charged a \$30 non-refundable fee, which will be collected during the first class session.

I hereby agree that I am healthy and physically fit and capable of participating in the Community 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.



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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

Applications should be submitted to:
Boulder County Sheriff's Office Attention:
Dan Hershman, Academy Coordinator
5600 Flatiron Parkway
Boulder, CO, 80301

Applications may also be emailed to
dhershman@bouldercounty.org

Questions:
Academy Coordinator Dan Hershman,
dhershman@bouldercounty.org

Approved / Disapproved Date
