

Lower Moreland Police Department's Citizen Police Academy Application

Last Name:	First Name:	Middle:
Date of Birth:	Email Address:	
Street Address:		
City:	State:	ZIP:
Telephone:	Driver's License Number:	State:
Are you a resident of Lower Moreland Township?		
Please briefly explain why you wish to be enrolled in the Citizen's Police Academy program.		
Have you ever been arrested, convicted, or cited for an offense other than a traffic violation?		

"I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Lower Moreland Township Police Department's Citizen's Police Academy."

Applicant's Signature _____ Date: _____

Return Completed Form To: Lower Moreland Police Department
 640 Red Lion Road
 Huntingdon Valley, PA, 19006
 Attn: Training Division
 Or scan and email to rworthington@lowermoreland.org

CPA Staff Use Only	
Approved By: _____	Date: _____

**Lower Moreland Township Police Department
LIABILITY RELEASE AND PERMISSION FORM
FOR CITIZENS POLICE ACADEMY**

All participants must sign this liability release and permission form and submit the executed form to the Lower Moreland Township Police Department before they participate in the Citizens Police Academy program.

I, the undersigned participant, agree to participate in the Lower Moreland Township Police Department Citizens Police Academy program, and that I understand and assume all of the risks of my participation in that program.

I certify that I am in good health and am able to participate in this program and I hereby acknowledge that my participation in this program involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability and/or death.

I understand that no health, and/or accident insurance is provided for program participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release and discharge the Lower Moreland Township Police Department, and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, and assigns, from any and all of manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against the Lower Moreland Township Police Department, or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me, which may occur during or by reason of my participation in this program.

I agree the Lower Moreland Township Police Department shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in the program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.

I hereby grant the Lower Moreland Township Police Department and any of its directors, officers, members, agents, and other representatives, full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

I have signed this waiver and release on the _____ day of _____, 20__.

Name of Participant (Print) _____

Signature of Participant _____

Home Address _____

Phone Number _____