



**CITY OF WATERVLIET POLICE DEPARTMENT
POLICE OFFICER CADET PROGRAM
POST #109**



2 – 15TH STREET WATERVLIET, NEW YORK 12189
WWW.WATERVLIETPOLICE.COM

(Print Full Name) _____

The above-named Participant, if 18 years of age or older, individually, or if younger than 18 years of age, by his/her parent or guardian, hereby and on behalf of his/her heirs, executors, administrators, and assigns, agrees that in consideration of the privilege of being allowed to participate in the **Waterlvliet Police Department's Deputy Cadet Program**, he/she will and hereby expressly agrees to:

1. Release from Liability:

Release the Waterlvliet Police Department, the City of Waterlvliet, and their officers, employees, agents, and insurers from all demands, claims, suits, liabilities, costs, and/or expenses arising in connection with injuries or death to the Participant, other persons, or damage to property resulting from participation in the program, except as noted in the exceptions below.

2. Hold Harmless and Indemnify:

Hold harmless and indemnify the entities and individuals against any such demands, claims, suits, liabilities, costs, and/or expenses, except as noted in the exceptions below.

Exceptions:

This release does not apply to:

- Claims arising from injuries, death, or property damage caused or contributed to by the intentional wrongful acts, negligent acts, or other faults of the Waterlvliet Police Department, the City of Waterlvliet, or their officers, employees, agents, or insurers.
- Claims resulting from violations of any law, code, rule, or regulation by the Waterlvliet Police Department, the City of Waterlvliet, or their officers, employees, agents, or insurers.

The above-named Participant, if 18 years of age or older, or if younger than 18 years of age, his/her parent or guardian, affirms that he/she has **read, understands, and voluntarily signed this Agreement.**

Participant's Signature: _____

Participant's Address: _____

City, State, ZIP: _____

Date: _____

If the Participant is under 18 years of age:

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____

Date: _____