



Edison Police Department Civilian Police Academy

Liability Waiver and Signup Form—2018

Phone: 732-248-6442
Fax: 732-248-7358
rdudash@edisonpd.org

The Edison Police Department will be holding another session of the Civilian Police Academy. This Academy is available to Edison Township residents **18 years old or older**. Due to class size limitations, the Civilian Academy will be a first come, first served basis. Limited to the first (35) Thirty-Five residents registered. The deadline for registration is Friday, January 12, 2018. Return completed application to the Edison Police Department, 100 Municipal Blvd. Edison, NJ. 08817, C/O Lt. Robert Dudash Jr., e-mail to rdudash@edisonpd.org or Fax to 732-248-7358.

The Civilian Police Academy will be discussing a variety of law enforcement topics including: Patrol Bureau functions, Special Operation's Group, SWAT Team, Emergency Management, Domestic Violence, Crime Prevention & Personal Safety, Scams, Firearms Safety, Criminal Identification, Detective and Juvenile Bureau functions, Auxiliary Police and others.

**Tuesdays: January 30
February 6, 13, 20, 27
March 6, 13, 20**

**Location: Edison Municipal Complex
100 Municipal Blvd. Edison, NJ. 08817**

Hours: 7:30– 9:30 p.m.

No Cost!

WAIVER

I _____ hereby give my permission for myself to participate in the Edison Police Department Civilian Police Academy, and assume the risk thereof.

I do agree for myself at all times to keep The Edison Police Department, The Township of Edison, volunteer or paid personnel free, harmless and indemnified from any and all liability for injury I might sustain as the result of said participation and will not hold The Edison Police Department, volunteer or paid personnel or the Township of Edison responsible for any losses that may occur.

I remise, release, acquit, satisfy, and forever discharge the Township of Edison, the Edison Police Department, and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant, hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my participation in this activity.

Photographs, video and audio recordings of the participant, while participating in an Edison Program may be made. I hereby permit, consent and authorize such materials of myself as an individual or part of a group with or without text to be used by the Edison Police Department, or the Township of Edison.

APPLICANT'S INFORMATION

Name _____ Age: _____
Address _____
City _____ State _____ Zip _____
Home Phone # _____ Work # _____

OTHER CONTACT INFORMATION

E-Mail _____
Emergency Contact # _____ Cell# _____

(Applicant's Signature)

Date