



## LaGrange Police Department

### Release from Liability

### Citizen's Police Academy

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In consideration of the benefits that I will receive from my participation in the LaGrange Police Department Citizen's Police Academy sponsored by the LaGrange Police Department, I do hereby release the Village of LaGrange, its police personnel, agents, public officials, servants and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or my property, or my death, arising out of or related to any happening or occurrence while I am participating in the Citizen's Police Academy. For the same consideration, I agree to forever hold the Village of LaGrange and said persons aforementioned harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be in full force and effect during the period of my participation in the LaGrange Police Department Citizen's Police Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

**This form must be returned with the completed CPA application.**