## 2024 Santa Barbara Police Department Community Academy Waiver



I, the undersigned, in consideration of being	ng permitted to participate in the Santa Barbara I	Police
<b>Department Community Academy between</b>	October 12 and October 19, 2024, and referred to a	as the
Community Academy, I	hereby agree to the following:	

- I AGREE TO RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF SANTA BARBARA, THE SANTA BARBARA POLICE DEPARTMENT, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim thereof on account of injury to the person or property of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is participating in the activity.
- 2. I AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while participating in the activity.
- 3. I AGREE to participate in photography and video recording during the activity and that the images may be used in press releases, printed publicity or for publication on the Department's website or social media platforms.
- 4. I CONSENT to the Santa Barbara Police Department conducting a criminal history check prior to participation of the activity. The criminal history check may include local records check and a Department of Justice Automated Criminal History System check through The California Law Enforcement Telecommunications System (CLETS). To protect the privacy of the participant, the screening process results will not be disclosed outside of the Police Department.
- 5. The Release forms will be kept in a secure location and available to only authorized personnel.
- 6. The undersigned expressly agrees that the foregoing is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion of thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City and its employees, agents, or officers if I am injured or damaged as a result of participation in this activity. I further acknowledge no oral representations, statements or inducements apart from this written agreement have been made.

Dated:	Signature:				
Full Name(First Mide	dle Last):				
Street Address:					
City:	_ State: Z	Zip:			
Phone#	Email:				
Date of Birth:	Place of Birth	ı:	_ Occupation:		
Driver's License #:		State:			