



10. Have you ever been convicted of any law violations other than minor traffic violations? Yes No

If yes, list:

Type of Violation	Date of Violation	Where did it occur?

11. What is the last grade you completed in school and where? \_\_\_\_\_

12. List any education beyond high school, including diplomas/degrees, and field of study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What abilities and experience or training do you have that will qualify you for the position? Include any military service, training specialty, current status, and branch of service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List three (3) references:

_____	_____	_____	_____
Name	Address	Phone	Best Time to Contact
_____	_____	_____	_____
Name	Address	Phone	Best Time to Contact
_____	_____	_____	_____
Name	Address	Phone	Best Time to Contact

15. Do you have any physical limitations/ conditions (explain) \_\_\_\_\_

\_\_\_\_\_

16. Allergies: \_\_\_\_\_

**In case of an Emergency:**

Contact Person(s): \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

If under 18 years old, you must fill out the information below:

Father \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Guardian(s) \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

Parent(s)/ Guardian (s) able to help with post activities? Yes No

**\*\*\* Authorization for Emergency Medical Treatment \*\*\***

I, \_\_\_\_\_, authorize the advisors of the Waukesha Law Enforcement Explores Post 178 to seek emergency medical treatment for my son/ daughter, \_\_\_\_\_, if needed and will assume all costs related thereof.

Signature of parent/ guardian \_\_\_\_\_

Date \_\_\_\_\_

**Covenant Not To Sue \*\*\***

I, \_\_\_\_\_, in consideration for permission to participate in the Waukesha Police Department's Citizen Ride- Along Program offered by the Waukesha Police Department and the City of Waukesha, a municipal corporation of the State of Wisconsin, covenant with the City of Waukesha and its Police Department not to sue the City, its employees, agents, successors or assigns, for or on account of any claim for damages of injuries of any nature, bodily or property, arising out of any incident which may occur as a result of either my participation, or the participation of any minor children of whom I am legally responsible, in the aforementioned Citizen Ride- Along Program. I am aware of the inherent risks and dangers to which my minor child or I may be exposed during participation in the Citizen Ride- Along Program that may arise due to the nature of the field of Law Enforcement. I have read and fully understand the conditions of this waiver.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Legal Guardian of Participant if under the age of 18

\_\_\_\_\_  
Participant's Signature

**I hereby declare that the above information is true and correct. I understand that should investigation disclose untrue or incorrect information, my application will not be accepted.**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Enclosures:

- 1. Copy of your state driver's license

-----Department Background Check-----

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Police Record: \_\_\_\_\_



# PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

### AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

### AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

### WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent. I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

***I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives:***

Cadet Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cadet Printed Name: \_\_\_\_\_

***If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_