

**Aurora Police Department  
Global Teen Citizen Academy  
June 3 – 14, 2019  
July 8 – 19, 2019  
2019 APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

WOULD YOU RATHER BE CONTACTED BY: PHONE - MOBILE PHONE - TEXT - EMAIL (circle one)

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ D/L #: \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ NEXT GRADE ATTENDING \_\_\_\_\_

HOME EMAIL ADDRESS: \_\_\_\_\_

PLEASE LIST ANY PHYSICAL LIMITATIONS THAT YOU FEEL THE ACADEMY STAFF NEEDS TO KNOW ABOUT: \_\_\_\_\_

FOOD ALLERGIES?: \_\_\_\_\_

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY, WHY DO YOU WANT TO ATTEND?  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED/CONVICED OF A CRIME? \_\_Y\_\_N. IF YES EXPLAIN:  
 \_\_\_\_\_  
 \_\_\_\_\_

By my signature below I acknowledge the above information is a true and accurate representation and that **all of the above information is required** for the Aurora Police Department to conduct a background inquiry.

SIGNATURE: \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_

Applications may be mailed, emailed or delivered to:

Ruth Brassell  
 Administrative Specialist  
 Professional Standards Section  
 Community Resource Section  
 15001 E Alameda Pkwy  
 Aurora, CO 80012  
 (303) 739-6350  
 Fax (303) 739-6685  
[rbrassel@auroragov.org](mailto:rbrassel@auroragov.org)

I will attend 6/3 – 6/14 or 7/8-7/19	
Morning	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>
Either	<input type="checkbox"/>

T-shirt size				
S	M	L	XL	2XL

# Aurora Police Department

## Teen Citizen Academy

### WAIVER, RELEASE, AND INDEMNIFICATION

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The AURORA POLICE DEPARTMENT TEEN Citizen Academy is conducted by the Aurora Police Department. The TEEN Citizen Academy exposes participants to major aspects of the operations of the Aurora Police Department.

Classes are conducted at the Aurora Police Department, and other locations. In consideration for the privilege and benefits to be derived from participating in the Aurora Police Department TEEN Citizen Academy, the CHIEF OF POLICE requires all participants therein to execute this waiver, release, and indemnification.

Participation in the TEEN Citizen Academy may involve physical activities such as, but not limited to, lifting, walking, riding in motor vehicles, and the discharging of firearms. Associated risks may include, but are not limited to falls, interaction with other participants, effects of weather, the physical conditions of the facilities, and features and equipment located thereon, the inherent risks of being in close proximity to the discharge of firearms and the utilization of equipment and weaponry used by law enforcement personnel.

I understand that there is a risk of injury from participation in TEEN Citizen Academy activities, including any transportation provided to, from, and between such activities. I represent and warrant myself to be physically fit and able to participate in such activities, and I agree to stop and request assistance if I experience any symptoms or other conditions that would make it difficult or unsafe to continue; further understanding that I am solely responsible for my own health and safety. I understand that the privilege of participating in the TEEN Citizen Academy will be governed by the CHIEF OF POLICE (inclusive of Aurora Police Department Officers, officials, representatives, and employees) and I will abide by and follow any and all directions given by such Aurora Police Department personnel. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.

I, for myself and on behalf of my heirs HEREBY RELEASE AND HOLD HARMLESS THE AURORA POLICE DEPARTMENT, THE CITY OF AURORA, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES OR OTHER PREMISES AND FACILITIES UTILIZED BY THE CHIEF OF POLICE FOR TEEN CITIZEN ACADEMY ACTIVITIES, (Releases), with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

WITNESSES:

Printed Name of Academy attendee: \_\_\_\_\_

Signature of Academy attendee \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name of parent/legal guardian: \_\_\_\_\_

Parent/Legal Guardian ID/License # \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

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