ALEXANDRIA POLICE DEPARTMENT

2003 MILL ROAD ALEXANDRIA, VIRGINIA 22314 (703) 838-4444

YOUTH CITIZENS' POLICE ACADEMY
RELEASE OF LIABILITY

Participant Name	
Address	
City, State Zip	
Telephone Number	( )
Parent / Guardian	
Home Phone Number	( ) Work # ( )

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

The terms hereof shall be in full force and effect during the period of my participation in the Alexandria Police Department Youth Citizens' police Academy.

I hereby acknowledge that I have read the foregoing release and understood its terms.

Parent / Guardian: _____ Date: _____

Participant: _____ Date: _____

Please return to **Alexandria Police Department** 2003 Mill Road Alexandria, VA. 22314

Referred to the Youth Citizens' Police Academy by: _____