



LONE TREE POLICE DEPARTMENT LIABILITY RELEASE FORM

Please Print or Type

I, the undersigned, (Name) _____
residing at (Address) _____,
_____, Colorado, in consideration to participate in the Citizen's Police Academy, I
voluntarily and knowingly release and discharge the Lone Tree Police Department, City of Lone Tree,
its employees, consultants, agents, successors, assigns and all others who may be associated with
the program, present and future, known or unknown, in any manner arising out of my participation in
the Citizen's Police Academy with the Lone Tree Police Department. I also acknowledge that I,
(Participant's Name) _____ have no limiting medical conditions and
am fully capable of participating in the program.

I appoint the Lone Tree Police Department to act in my place, in the event that I (Participant's Name)
_____ should require medical attention while involved in the
Citizen's Police Academy program. This appointment is for the purpose of securing benefits for the
health and welfare of (Participant's Name) _____ and expressly
includes the authority to sign releases to physicians who may render emergency medical care and
services. I promise to assume liability for payment of all such professional services, and to reimburse
the City of Lone Tree for any expense it may incur for treatment, care, drugs, and other services for
(Participant's Name) _____.

In consideration to participate in the Citizen's Police Academy, I hereby agree to hold the Lone Tree
Police Department, the City of Lone Tree's employees, agents, successors, assigns, its agents and
all others who may be associated with the program, harmless for results of any decision that may be
made in connection with the care and treatment of (Participant's Name)
_____.

Signature of Participant

Date

Address

Home Telephone

City State Zip

Work Telephone