

Pikes Peak Regional Law Enforcement Teen Academy



Application

Application Packet Includes: (5 pages total)

The Application (2 pages)

Liability Waiver and Indemnification Agreement (1 page)

*(Waiver must be notarized and signed in the presence of
a Notary Public. This may be done free of charge
at any police station in Colorado Springs)*

Background Form (1 page)

General Rules (1 page)

Please return the 5 page Completed Application Packet to:

Community Relations
Colorado Springs Police Department
705 S. Nevada Ave
Colorado Springs, CO 80903
Phone: (719) 444-7410

**Pikes Peak Regional Law Enforcement Teen
Academy Participation Liability Waiver and Indemnification Agreement**

*******This form must be signed in the presence of a notary*******

I, _____ (name of parent or guardian), DO HEREBY AUTHORIZE government entities, military entities, law enforcement agencies, City, County, and Federal entities, private persons, and employers, to furnish and release any and all available information relating to the below listed minor, for the purpose of determining his/her suitability to be appointed as a member of the TEEN ACADEMY.

I DO HEREBY RELEASE from liability, all persons or entities disclosing information pursuant to this release. In consideration of the benefits to my (son/daughter/ward) for his/her participation in the TEEN ACADEMY, do hereby authorize, I give my permission for the below listed minor applicant to attend the TEEN ACADEMY.

It is hereby agreed that I am a party to this Participation Liability Waiver and Indemnification Agreement and that said Agreement is binding upon me, said child, and any and all of our legal heirs and successors of whatever kind. I do hereby for myself, my child, my heirs, executors and administrators remise, release, and forever discharge the El Paso County Sheriff's Office, the Colorado Springs Police Department, El Paso County, the City of Colorado Springs, and any of their deputies, police officers, agents, employees, or volunteers from any and all claims, liabilities, or demands arising out of the participation of the below listed child in the TEEN ACADEMY, including transportation to and from the TEEN ACADEMY.

I further agree to fully indemnify, defend, and hold harmless the El Paso County Sheriff's Office, the Colorado Springs Police Department, El Paso County, the City of Colorado Springs, and any and all of their deputies, police officers, agents, employees, or volunteers from and against any and all loss, damage, injuries, claims, cause or causes of action, or any liability resulting from, arising out of, or in connection with my child's negligence at any time during the TEEN ACADEMY.

In case of sudden illness or other serious medical emergency, if I (the undersigned parent or guardian) cannot be reached, I authorize a member of the El Paso County Sheriff's Office or the Colorado Springs Police Department to take appropriate action in seeking medical attention.

I hereby grant the El Paso County Sheriff's Office and the Colorado Springs Police Department permission to record my/my child's likeness and/or voice for the use by television, film, radio, or printed media to further the aims of the El Paso County Sheriff's Office and the Colorado Springs Police Department in related publications, campaigns, and in other ways they see fit.

Minor/Teen Academy Applicant (last, first, middle): _____

Parent/Guardian of Applicant (last, first, middle): _____

Parent Signature _____ Date _____

Parent/Guardian Email Address: _____

Address: _____

Home Phone: _____ Pager: _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Other Emergency Phone Number(s): _____

(Signature of Notary Public)

Date

My Commission Expires: _____

Teen Academy Background Information

Teen Name (Last, First, Middle): _____

Address: _____ **City/State/Zip Code:** _____

Date of Birth (mm/dd/yyyy): _____

Driver's License Number: _____ **State:** _____ **Expiration:** _____

Social Security Number (if applicable): _____

Have you ever been arrested or convicted of a crime/adjudicated?

(Circle one) **Yes** **No** If yes, please list offense(s), date, and disposition.

I certify that all information given on this form is correct. I authorize the El Paso County Sheriff's Office and the Colorado Springs Police Department to utilize this information to conduct a background investigation in order to determine my suitability for entrance into the Teen Academy.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Pikes Peak Regional Law Enforcement Teen Academy

General Rules

- The purpose of these rules is to establish a code of conduct and general requirements to ensure an informative and enjoyable experience for all participants.
- Due to the program's length, an absence from any class is not allowed for graduation. Punctuality is important. Please arrive early for class, and be seated and ready to learn at class time.
- Please remember that the Academy is intended for the benefit of all who attend. Participants should arrive prepared to contribute to the discussion and other activities. Students shall conduct themselves in a professional manner at all times and be sensitive to the needs and concerns of others.
- Students are not allowed to leave the Academy during breaks, etc.
- Each participant shall be appropriately dressed and wear comfortable shoes. Shorts must reach mid-thigh. No hats are allowed in the classroom.
- **CELL PHONES ARE PROHIBITED.** Please leave your **cell phone** at home or in your car.
- In the event a participant's conduct is disruptive to the class; the individual may be terminated from the program. Respect for others is mandatory.
- Attendees will be responsible for bringing their own snacks, drinks, and lunch.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

**Pikes Peak Regional Law Enforcement
Teen Academy**

Consent for Participation in Physical Activities

Some items on the schedule may include physical activities. All participants must have permission to participate in these activities.

FULL PARTICIPATION I understand that physical activities will be part of the Teen Academy. My son/daughter, _____ has permission and does not have any medical condition or needs that exempt him/her from participating fully in all such activities.

By my signing on this document, I agree to the terms written above.

Parent/Guardian

Date

NO PARTICIPATION I understand that physical activities will be part of the Teen Academy. My son/daughter, _____ does not have permission to participate in such activities. Please have my child sit out and observe during any and all physical activities.

By my signing on this document, I agree to the terms written above.

Parent/Guardian

Date