



## Liability Waiver

**Newton Citizen Public Safety Academy**  
Newton Police and Fire Department  
101 W 4<sup>th</sup> St S, Newton, IA 50208  
(641) 791-0850 FAX (641) 791-0721  
[www.newtongov.org](http://www.newtongov.org)



In consideration for being allowed to participate in the Newton Citizen Public Safety Academy (the "Program"), I, \_\_\_\_\_, hereby agree to release the City of Newton and the Newton Police and Fire Department and all of their officials, employees, officers, and agents (collectively, the "City") from any and all liability or responsibility whatsoever for any actual or alleged injury, damage or loss relating to or arising out of my participation in the Program, whether arising from negligence or otherwise. I further release the City from any lawsuit or claim brought by myself or by my estates, heirs or assigns, arising from my participation in the Program.

I understand and agree that my participation in the Program is voluntary. I further understand and agree that I am not required to participate in any of the Program activities and to the extent that I decide to participate in any of the Program activities I have done so voluntarily and with full knowledge that I am waiving any liability against the City for any and all injuries, whether foreseen or unforeseen, that may occur as a result of my decision to participate in the Program.

I am aware of and specifically assume the risk associated with my participation in any of the Program activities that involve the simulation of department activities, which may include, but not limited to, the use of Police, Fire and EMS equipment, mock scenarios, firearms, non-lethal weapons, physical control tactics, exposure to fire and products of combustion, and ride along in fire and police department vehicles. I give consent to the Newton Police and Fire Department to use any pictures, videos and/or recordings obtained as a participant of the Citizen Public Safety Academy for training, education, recruitment, uploading, downloading, or other uses as the department sees fit. I understand that I will not be compensated in any way for the use of these pictures, videos, and/or recordings.

I understand that I am signing this document on my own free will and with knowledge that I have agreed to waive legal rights.

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

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Citizen Public Safety Academy Participant Signature

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Witness Signature or Parent/Guardian if Participant is Under 18 Years of Age.

**(Please return this form with your application)**