

**WAIVER OF LIABILITY, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS  
AGREEMENT**

**PLEASE REVIEW THIS WAIVER AND RELEASE FULLY AND CAREFULLY.  
SIGNING THIS WAIVER ACKNOWLEDGES YOU CANNOT HOLD THE CBJ  
LIABLE FOR INJURIES, EVEN DEATH, RELATED TO BEING A  
JUNEAU POLICE DEPARTMENT CADET.**

All information contained in this application is true and accurate to the best of my knowledge. I understand that falsification or misrepresentation will result in disqualification from the program. I authorize the Juneau Police Department to conduct a complete background investigation on my suitability as a cadet and understand that any information of a criminal or adverse nature may disqualify me and will sign a release of information for the background investigation.

There are certain risks associated with being in the Juneau Police Department Cadet Program. Cadets will respond to the scene of various emergencies. Cadets will undertake physical activities such as standing for extended time including during inclement weather conditions, directing traffic, exposure to road flares, and will be exposed to crime scenes and evidence collection chemicals. (See the Juneau Police Department Cadet Program guidelines for further examples of the tasks and nature of this program.) I understand that law enforcement can be a hazardous occupation and that situations will arise which may result in exposure to danger, injury, or death.

If appointed to a volunteer position, I agree to serve without reimbursement of any kind and with the understanding and agreement that benefits and insurance are not provided by the City and Borough of Juneau.

I understand and acknowledge the inherent risks in participating in the Juneau Police Department Cadet Program, including the risk of bodily injury, emotional distress, and even death.

I understand and acknowledge the importance of following the directions given to me by Juneau Police Department personnel, and I agree to comply with all such directions, instructions, and commands.

I agree to keep confidential anything of a confidential nature that I may hear or observe.

I understand that my volunteer status may be terminated at any time.

I represent to Juneau Police Department that there is no reason why I should not participate in the Cadet Program, such as any physical or mental condition, which could affect my abilities to safely participate in the program.

I understand and acknowledge that my participation is entirely voluntary and that I am responsible for ensuring that my participation in the activities is within my physical and mental

abilities. By my signature below and in consideration of my participation in the Juneau Police Department Cadet Program, I waive and release the Juneau Police Department employees, as well as City and Borough of Juneau (“CBJ”), its employees, and its agents from all liability, loss, and/or damage claim or cause of action, known or unknown, including but not limited to physical or mental injury, property damage, and wrongful death, that I may have against the Juneau Police Department or CBJ, its employees, and its agents, for any and all injuries, damages, or death incurred in relation to the duties and tasks in relation to the Cadet Program. The release does not include medical costs associated with an accepted, verified on-duty accident that are covered by the CBJ’s workers’ compensation insurance for volunteers.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

*If the participant is under the age of 18 years, the following section must be completed*

As consideration for my child participating in the Juneau Police Department Program, I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, a child, for myself, my heirs, and my personal representatives, agree to the foregoing Waiver of Liability, Release, Indemnification, and Hold Harmless Agreement.

I have read and understand the authorization waiver and agree to its provisions as they apply to my child, \_\_\_\_\_. I also agree to assume full responsibility for my child as pertains to the provisions set forth.

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE I AND MY CHILD ARE BOUND BY ITS TERMS.**

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

\_\_\_\_\_  
Signature

**RELEASE OF INFORMATION AUTHORIZATION**

I am an applicant for the Juneau Police Department Cadet Program. In applying for this position, the Juneau Police Department must conduct a comprehensive background investigation to determine if I possess the necessary characteristics to serve in the Juneau Police Department Cadet Program.

I authorize the department and those who receive this document to obtain and release any and all information you may possess about me, including information may be deemed confidential, privileged, and/or derogatory in nature, including but not limited to: employment information; official employment documents; employment performance materials or data; character reference information; and local criminal history information as permitted by State law.

I hereby release and discharge you, your organization, its officers, agents, all references and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any information developed in this investigation, so your responses will not be released to me. You may retain a copy of this form for your files. A photocopy of this release is to be considered valid as an original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name – Printed

*If the applicant is under 18 years of age, the following portion must be completed: I, the undersigned parent or guardian, certify that I have also carefully read and understand this Release of Information Authorization, and I agree to its provisions as they apply to the minor applicant.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name – Printed