



RELEASE FROM LIABILITY

STATE OF TEXAS
COUNTY OF COMAL

In consideration of the permission given to me to participate in the Citizen's Police Academy by the New Braunfels Police Department of the City of New Braunfels, I, _____, assume all risk, personal injury, death, property damage or loss from whatever causes in connection with my participation in the Academy. I will hold harmless the City and anyone for whose acts the City may be liable, from all damages, claims, losses, demands, suits, judgments, costs, including reasonable attorney's fees and expenses arising out of or resulting from my participation in the Academy. I fully understand and acknowledge that the work of the Department is inherently dangerous.

My undertakings and waivers in the Release from Liability are in consideration of being allowed to participate in the Academy.

Signed, this _____ day of _____, _____.

Signature

STATE OF TEXAS
COUNTY OF COMAL

SUBSCRIBED AND SWORN to before me this _____ day of _____,
_____.

Notary Public Stamp

Notary Public, State of Texas



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, in and for _____ County, in the state of Texas.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

Expires: _____



Application Acknowledgement Form

Thank you for your application for the City of New Braunfels Police Department Civilian Police Academy. Please read the next portion carefully. By signing this application, you will acknowledge the following:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS. I UNDERSTAND THAT ANY OMISSION/OR/FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE NEW BRAUNFELS POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY. I FURTHER UNDERSTAND THAT THE NEW BRAUNFELS POLICE DEPARTMENT WILL BE CONDUCTING A THOROUGH BACKGROUND INVESTIGATION THAT MAY INCLUDE, BUT WILL NOT BE LIMITED TO, ANY CRIMINAL HISTORY, EMPLOYMENT HISTORY, AND PERSONAL REFERENCES. IF A SITUATION ARISES THAT COULD JEOPARDIZE THE INTEGRITY OF THE ACADEMY OR IF INFORMATION IS BROUGHT TO LIGHT THAT WOULD DISQUALIFY THE APPLICANT. THE CHIEF OF POLICE WILL RESERVE THE RIGHT TO MAKE THE FINAL DECISION IF THE APPLICANT WILL BE ALLOWED TO ATTEND THE ACADEMY OR NOT.

APPLICANT SIGNATURE: _____ DATE: _____

My undertakings and waivers in the Application for attendance to the Citizens Police Academy are in consideration of being allowed to participate in the Academy.

Signed, this _____ day of _____.

Signature

STATE OF TEXAS

COUNTY OF COMAL

SUBSCRIBED AND SWORN to before me this _____ day of _____.

Notary Public Stamp

Notary Public, State of Texas

PLEASE RETURN THE COMPLETED APPLICATION TO:
NEW BRAUNFELS POLICE DEPARTMENT
ATTN: COMMUNITY ENGAGEMENT OFFICER
3030 WEST SAN ANTONIO STREET
NEW BRAUNFELS, TX 78130
PHONE: (830) 221-4166
E-MAIL: NBPDCommunityEngagement@Newbraunfels.gov