

Crystal Lake Police Department Internship Program Waiver Of Liability

For and in consideration of the undersigned being given the opportunity to participate in the Crystal Lake Police Department Internship Program and being given the opportunity to observe the operations and functions of the Crystal Lake Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of the opportunity, recognizes and assumes any and all risk pertaining thereto, and hereby releases the City of Crystal Lake, its Officials and Officers and all other personnel of the City of Crystal Lake from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his/her heirs, dependents and assigns may sustain in and about any patrol car or in any other way during the course of the operation and studies by the undersigned of the operations and functions of the Crystal Lake Police Department.

In witness thereof, the undersigned has affixed his/her hand and seal at Crystal Lake, Illinois.

Last Name, First Name (Printed): _____

Signature: _____

Address: _____

Date of Birth: _____ Telephone Number: _____

Date: _____ Witness: _____

Approved by:

Chief of Police

Date

Training Officer

Date

Original to Administration
Copies to Training Officer/Intern