



Edison Police Department Civilian Police Academy

Phone: 732-248-7440
Email: Cop@edisonpd.org

Liability Waiver and Registration Form — 2023

The Edison Police Department is pleased to announce that another session of the Civilian Police Academy will be held. This Academy is available to Edison Township residents who are **18 and older**. Due to class size limitations, Civilian Police Academy applicants will be selected on a first come, first served basis. The class size will be limited to the first (25) Twenty-Five applicants registered. The deadline for registration is Tuesday, January 17, 2023. Applications can be returned to the Edison Police Department's Community Oriented Policing Unit, 100 Municipal Blvd. Edison, NJ. 08817, Attention: Sgt. Donald Ship or by emailing completed application to cop@edisonpd.org.

The Civilian Police Academy will be discussing a variety of law enforcement topics including: Patrol Bureau functions, Special Operation's Group, SWAT Team, Emergency Management, Domestic Violence, Crime Prevention & Personal Safety, Scams, Firearms Safety, Criminal Identification, Detective and Juvenile Bureau functions, Auxiliary Police and other Police related topics.

Academy Dates: January: 25
February: 8, 15, 22
March: 1, 8, 15

Location: Edison Public Safety Center
205 Raritan Center Parkway
Edison, New Jersey 08837

Cost: FREE!

WAIVER

I _____ hereby give my permission for myself to participate in the Edison Police Department's Civilian Police Academy, and assume the risk thereof.

I do agree for myself at all times to keep The Edison Police Department, The Township of Edison, volunteer or paid personnel free, harmless and indemnified from any and all liability for injury I might sustain as the result of said participation and will not hold The Edison Police Department, volunteer or paid personnel or the Township of Edison responsible for any losses that may occur.

I release, acquit, satisfy, and forever discharge the Township of Edison, the Edison Police Department, and any parties involved in this event of and from all manner of actions, causes of action, suits, debts, covenants, damages, injuries and or demands whatsoever, which said Applicant ever had, now has, or which any personal representative, successor, heir or assign of said Applicant, hereafter can, shall or may have, against said parties, by reason of any matter. I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my participation in this activity.

Photographs, video, and audio recordings of the participant, while participating in an Edison Program may be made and/or duplicated. I hereby permit, consent and authorize such materials of myself as an individual or part of a group with or without text to be used or reproduced by the Edison Police Department, or the Township of Edison.

APPLICANT INFORMATION:

Name: _____

Date of Birth: _____

Address: _____

Age: _____

City: _____

State: _____ Zip: _____

Home Phone #: _____

Work #: _____

Cell #: _____

E-Mail: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relation: _____

Phone #: _____

(Applicant's Signature)

Date