



# Edison Police Department Civilian Police Academy

## Liability Waiver and Registration Form — 2024

The Edison Police Department is pleased to announce an upcoming session of the Civilian Police Academy, available to Edison Township residents aged 18 and older. Applications will be accepted on a first-come, first-served basis, with a class limit of 25 participants. Register by January 26, 2024, by submitting your application to the Edison Police Department's Community Oriented Policing Unit at 100 Municipal Blvd., Edison, NJ 08817, Attention: Detective Chris Di Palo. For inquiries, contact Detective Chris Di Palo at CDipalo@edisonpd.org or (732) 248-6463.

The Civilian Police Academy will be discussing a variety of law enforcement topics including: Patrol Bureau functions, Special Operation's Group, K-9 demonstration, 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.

**2024 Academy Dates:**  
February: 1st, 8th, 15th,  
22nd, and 29th

**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