



# WOODBURN POLICE DEPARTMENT

1060 Mt. Hood Ave., Woodburn, Oregon 97071  
Phone: (503) 982-2345 FAX: (503) 982-2370

Marty Pilcher • Chief of Police

## CITIZEN OBSERVER/COMMUNITY ACADEMY PROGRAM LIABILITY WAIVER

|                |  |                      |         |         |          |
|----------------|--|----------------------|---------|---------|----------|
| Last Name:     |  | First:               | Middle: | Maiden: |          |
| Street address |  |                      | City    | State   | Zip Code |
| Phones (Home)  |  | Cell                 |         | Work    | Ext.     |
| Date of Birth  |  | Driver's license No. |         | SSN     |          |

I further agree with and voluntarily sign the Release and Hold Harmless Agreement (on page 2 of this document).

### 2024 Woodburn Police Department's Community Academy

| Dates                   | Time          |
|-------------------------|---------------|
| Tuesday, April 2, 2024  | 6 PM to 8 PM  |
| Tuesday, April 9, 2024  | 6 PM to 8 PM  |
| Tuesday, April 16, 2024 | 6 PM to 8 PM  |
| Tuesday, April 23, 2024 | 6 PM to 8 PM  |
| Tuesday, April 30, 2024 | 6 PM to 8 PM  |
| Tuesday, May 7, 2024    | 6 PM to 8 PM  |
| Tuesday, May 13, 2024   | 6 PM to 8 PM  |
| Saturday, May 18, 2024  | 9 AM to 12 PM |

SIGNATURE OF APPLICANT (Please sign full name)

DATE

**(FOR OFFICE USE ONLY)**

*Date Received*

*Time Received*

*By*

**CHECKS**    CCH

WANTED

DL

*Approved*     *Denied*

*Notified by*

*Date*

**Woodburn Police Department  
Citizen Observer (Community Academy) Program  
Release and Hold Harmless Agreement**

I understand that I will be a student of the Woodburn Police Community Academy and have not been offered any payment from the Police Department, the City of Woodburn, or its employees for the opportunity to participate in the program. My participation is completely voluntary and for my own educational benefit. At all times during my participation in the academy program, I agree to obey all orders, instructions and commands of the officer(s) and instructors of the Woodburn Police Department.

I fully realize and appreciate the basic nature of law enforcement and the possibility that situations may arise which might result in my exposure to dangerous activities and the hazards connected therewith, including the risk of physical harm, injury, or death, and I am willing to accept these risks. I also understand that I may be a passenger in vehicles operated by Woodburn Police Officers, and understand that I will be a guest and not a passenger for hire or other consideration while riding in such vehicles.

As a part of my participation in the academy program, I agree to keep confidential anything which I may observe or hear. I understand that my participation in the Citizen's Academy may be terminated at any time without notice. I further understand that through my enrollment in this program, I may be summoned as a witness in any proceeding as a result of my observations.

In consideration of being permitted to participate in the Woodburn Police Department Citizen's Academy and receive the training provided, to include scenarios, live firearm and simulated firearm training, and possibly ride in a vehicle owned and operated by the City, I agree to assume the full risk of any and all injuries, death, damages, or loss as a result of said participation. I further agree to release and hold harmless the City, its agents, employees, and elected official from any and all liability to me for personal injury or death or any property damage, whether proximate or remote, sustained during or as a result of my participation as a Community Academy student.

I authorize the Police Department to conduct a complete records check of me prior to my participation in the Community Academy and understand that any information of an adverse or criminal nature may disqualify me.

I agree that the Police Department and City of Woodburn may use, reproduce, disclose, and distribute my name, picture and/or likeness for City marketing purposes in relation to my participation in the Community Academy.

I freely and voluntarily sign this Release and Hold Harmless Agreement in sole reliance of my own independent judgment, which shall be binding upon my heirs, executors, successors, and assigns.

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**Signature of Applicant** (Please sign name):

Date

**PARENTAL ENDORSEMENT** (For applicants under age of 18): I have read and understand the Release and Hold Harmless Agreement and agree to be bound to its provisions as they apply to my son/daughter . I agree to assume full responsibility for my son/daughter as it would pertain to the provisions set forth.

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Parent/Guardian Signature (Please sign name):

Date