



**Virginia State University
Department of Police & Public Safety
Campus Community Police Academy
Waiver of Liability**

I am aware that as a result of my participation in the Virginia State University Citizens Police Academy that I may be exposed to hazardous situations inherent to police work. This includes, but is not limited to: vehicle operation, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I am requesting participation in the Citizens Police Academy with full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.

Acknowledging these foreseeable dangers, I, _____,
do hereby release Virginia State University and the Department of Police and Public Safety and its employees or agents, from any and all liability for any injuries received while participating in the VSU Citizens Police Academy.

I understand that I am responsible for my own medical coverage or any and all other insurance coverage or other losses of any nature.

Name of Applicant (Print)

Applicant's Signature

Date

Signature of Police Chief

Please return the completed application to:
VSU Department of Police & Public Safety
P.O. Box 9405 Petersburg, VA 23806