WAIVER OF LIABILITY

BEFORE SIGNING THIS WAIVER AND RELEASE, READ THIS ENTIRE DOCUMENT VERY CAREFULLY. IF AN ACCIDENT WERE TO OCCUR INVOLVING YOU, THEN YOU WOULD BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE BY SIGNING THIS WAIVER AND RELEASE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS DOCUMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS DOCUMENT, YOU SHOULD NOT SIGN THIS DOCUMENT AS IT IS DRAFTED, BUT RATHER SEEK ADVICE FROM YOUR LEGAL COUNSEL. REQUESTS FOR MODIFICATIONS MAY BE DIRECTED TO THE CITY ATTORNEY'S OFFICE AT 608.789.7511 WEEKDAYS BETWEEN 8:30 AM - 5:00 PM.

By signing this Waiver and Release, I understand that any volunteer activity with the City of La Crosse Police Department has inherent risks associated with it. These risks could include serious bodily injury, permanent disability and even death. There might be other personal risks associated with the volunteer activity which could result in severe social and economic losses whether or not known or readily foreseeable at this time, which might result not only from my volunteer activity, but also from the actions, inactions or negligence of others, or the condition of the premises or equipment used. While participating in any volunteer activity, it is in the best interest of the participants to exercise due care, safety and common sense for themselves and others.

By signing this Waiver and Release, I fully accept all such risks of any injury, damage or loss regardless of severity that I may sustain and all responsibility for losses, costs and damages incurred as a volunteer in any and all activities connected with or associated with my Citizens' Police Academy volunteer activities with the City of La Crosse Police Department between March 10, 2015 and May 12, 2015. Further, I understand that the City of La Crosse does not offer any accident or health insurance and that I am not entitled to any such accident, health or other insurance by virtue of this volunteer activity.

By signing this Waiver and Release, I agree to waive, relinquish, discharge, release and covenant not to sue the City of La Crosse, Wisconsin, its officers, employees and agents from all claims of injury, damage, or loss that I may have or that may accrue to me arising out of, connected with, or in any way associated with my Citizens' Police Academy activities with the City of La Crosse Police Department between March 10, 2015 and May 12, 2015. This waiver of liability does not apply to intentional misconduct of the City of La Crosse.

I have read this Waiver and Release thoroughly and fully understand it and enter into it on behalf of myself, my heirs, next of kin, assigns, and personal representatives. No one has made to me any representations, statements, or inducements that change or modify anything written in this agreement.

_____	_____	_____
Print Volunteer's Name	Signature	Date
_____	_____	_____
Address	Phone	Age
_____	_____	_____
Print Witness Name	Witness Signature	Date