



BLOOMINGTON POLICE DEPARTMENT TEEN ACADEMY APPLICATION

Print clearly – Please use black ink

Name: _____

Sex: ☐ Male ☐ Female

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home#: _____ Cell #: _____

Age: _____ Date of Birth (must be 13 - 17 yrs. old): ____/____/____

School Attending: _____ Grade: _____

T-Shirt: SMALL ___ MEDIUM ___ LARGE ___ XLARGE ___ XXLARGE ___

Parent Name(s): _____ Cell Phone #: _____

Please list any medical issues, medicines, allergies: _____

In case of emergency please contact:

Name: _____ Relationship: _____

_____ Email: _____

Home # _____ Cell # _____

Work# _____

Teen Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____



CITY OF BLOOMINGTON POLICE DEPARTMENT

"TEEN ACADEMY" PROGRAM

RELEASE OF LIABILITY

THIS IS A RELEASE OF LIABILITY—READ BEFORE SIGNING

Note: This form must be read and signed before the applicant is allowed to participate in the City of Bloomington Police Department Teen Academy Program.

IN CONSIDERATION of the mutual covenants contained herein, and additionally, in consideration of the undersigned's child being permitted to participate in the City of Bloomington Police Department's "Teen Academy" program ("the Program") _____, the undersigned hereby acknowledges, consents and agrees as follows for his/her child,
_____:

1. I acknowledge the risk of injury or death to my child from activities associated with the Program is significant, including the potential for permanent disability, disfigurement and death. I further acknowledge that protective equipment and personal discipline may minimize the risk of serious injury or death to my child.
2. I represent that I and my child knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the City, its Police Department, and/or those persons released from liability as set forth herein, and I assume full responsibility for my child's participation in the Program for any injury, death, disfigurement or damages caused by child's actions.
3. I acknowledge that it is my responsibility to consult with a physician prior to and regarding my child's participation in activities associated with the Program. I represent that my child is physically fit and has no medical, psychological, or other condition which would prevent my child's full participation in activities associated with the Program.
4. I, for myself, my child, and on behalf of my child's heirs, assigns, personal representatives and next of kin, hereby release and hold harmless from any and all liability the City of Bloomington. I, for myself, my child, and on behalf of my child's heirs, assigns, personal representatives and next of kin further hereby release the City's Police Department, officers, employees, representatives, K9 and agents ("Releasees"). Such release to the City and Releasees shall apply to and be with respect to any and all injury, disability, disfigurement, death or loss or damage to any person or property whether caused by the negligence of the City or Releasees or otherwise and whether caused by any person, animal, or by any incident that is unknown or is later determined to be unknown. I understand and agree that this Release of Liability covers every activity and event in which my child participates associated with the Program.



5. I acknowledge that commercial still, video and/or motion picture photography may occur during my child's presence at the Program and as long as my child is in the general area, my child may be incidentally included in such photography. Should my child wish to be excluded from such photography, I acknowledge that it is my child's responsibility to be aware of photographic activity and remove him/herself from the area or event being photographed. Absent such action on my part, I grant the City of Bloomington the right to use my child's photographic image in accordance with generally accepted journalistic practices.

6. I hereby consent to my child receiving medical treatment, which may be deemed advisable in the event of injury, accident, death and/or illness during the activities associated with the Program.

7. I acknowledge and agree that this Release of Liability is intended to be as broad and as inclusive as permitted by the laws of the State of Indiana and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

8. I acknowledge that this Release of Liability is in effect on the following dates: June 10 through June 12, 2026.

I HAVE READ THIS RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN THIS RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent or Guardian's Signature Date of Signature

Street Address

City, State, Zip Code

Phone Number