



CITIZENS ACADEMY APPLICATION
WAIVER AND RELEASE OF LIABILITY AGREEMENT
 Central Kitsap Fire Rescue & Kitsap County Sheriff's Office

APPLICANT'S INFORMATION			
First Name	Middle	Last Name	Other Names Used
Street Address			City Zip
Cell Phone	Work Phone		Date of Birth (00/00/0000)
Email Address			
Driver's License/ID No	State Issued	Sex	Race
Current Employer		Business Address	Job Title
Emergency Contact Name:		Relationship	Phone
CRIMINAL HISTORY			
Have you ever been arrested or convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(If yes, provide details, including dates, state, charges, and court. Use another page if needed.)</i>			

I, the Applicant identified above, am submitting this Citizens Academy Application Waiver and Release of Liability Agreement ("Application") to participate in the Citizen's Academy ("Academy"). In consideration of my participation, I understand and agree as follows:

1. Voluntary Participation. My submission of this Application, as well as my Academy attendance and participation in academy activities, is voluntary. The Academy provides no marketable fire or law enforcement skills and DOES NOT constitute a fire or law enforcement training program. I understand that if my Application is rejected, KCSO does not need to disclose the reason – which may be due to class size limitations.
2. Consent to Criminal History Check. I consent to the Kitsap County Sheriff's Office ("KCSO") conducting a criminal history records check of me. I understand this check includes, without limitation, all records of arrests, warrants, prosecutions, and convictions for criminal offenses at state and federal levels. All information obtained through this check will be used solely to determine my eligibility for Academy participation and will be kept confidential. A criminal history is not an automatic disqualifier.
3. Release of Liability. I understand that my participation in the Academy is voluntary and may include classroom lectures and hands-on activities, which may include, without limitation, classroom participation, various physical activities, lifting, bending, walking, running, stair climbing, obstacle courses, basic self-defense techniques, scenario-based drills, firearms training on a range, tasers operation, handcuffing, defensive driving, defensive tactics, engine operation, hands-on experience using a fire extinguisher and fire hose, and other physical activities and movements that may result in property damage, temporary and/or permanent

physical injuries such as strains, bruises, sprains, bone fractures, hearing loss, or death. I understand I am responsible for understanding my physical limitations. If I have any questions or concerns regarding my physical ability to participate in these activities, I should consult my physician and/or decline to participate.

With full knowledge of the risks, I assume all risks, both known and unknown, for the opportunity to participate in the Academy and HEREBY RELEASE AND HOLD HARMLESS CENTRAL KITSAP FIRE RESCUE AND KITSAP COUNTY, AND THE OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, AND VOLUNTEERS OF EACH AND OTHER PREMISES AND FACILITIES USED FOR ACADEMY ACTIVITIES (“RELEASEES”), FROM AND AGAINST ALL CLAIMS, DAMAGES, SUITS, LIABILITIES, LOSS, COSTS, ATTORNEYS’ FEES, AND EXPENSE OF LITIGATION, ARISING OUT OF OR RELATED TO MY ACADEMY PARTICIPATION, except claims arising from the sole gross negligence or willful misconduct of Releasees. I intend this Application to be legally binding on me, my personal representatives, heirs, assigns, and next of kin.

4. Compliance with Rules. I agree to follow all Academy rules and directions during my participation. I understand that failure to do so may result in my termination from the Academy.
5. Photo Release. I irrevocably grant Central Kitsap Fire Rescue and Kitsap County permission to use my likeness in a photograph, video, or other digital media (“Photos”) in all of its publications, including web-based publications without royalty or other right to compensation, for perpetuity for purposes of promoting the Academy. This includes authorization to edit, alter, copy, exhibit, publish, and distribute the Photos for any lawful purpose.

By signing below, I acknowledge I have read and agree to the conditions associated with this Citizens Academy Application Waiver and Release of Liability Agreement, understand its terms, and sign freely and voluntarily without inducement.

Applicant’s Signature

Date

*** ACADEMY USE ONLY ***	
<input type="checkbox"/> DOL Date: _____	Checked by: _____
<input type="checkbox"/> DOL Date: _____	Checked by: _____
<input type="checkbox"/> DOL Date: _____	Checked by: _____
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No/Reason _____	
Date notified: _____ via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Phone by whom _____	

Submit your application to Sergeant Jason Hedstrom at jlhedstr@kitsap.gov, no later than March 1, 2025.