

of this confidentiality they make.

- 5. The applicant recognizes that during participating in the observation, the applicant will become witness to a variety of offenses, violations, and emergency incidents in progress. The emergency services personnel will provide the applicant's name and address as a witness whenever applicable. The applicant acknowledges that as a witness, they may be subpoenaed to testify in court.
- 6. The applicant recognizes that if medical assistance, including first aid and/or ambulance service, is necessary, the emergency services personnel will arrange for the same, consent for which is hereby given, and agrees to pay any and all costs incurred or accruing in connection therewith.
- 7. In consideration of the acceptance of this application and granting by the agency of the privilege of acting as an observer, the applicant does hereby forever release, discharge and acquit the agency, its officers, agents and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with their participation hereunder.
- 8. The observation may be canceled or terminated at the discretion of the on-duty shift supervisor.
- 10. THE APPLICANT DECLARES THAT HE/SHE HAS CAREFULLY READ AND FULLY UNDERSTANDS THE FOREGOING: and, by their signature affixed hereto, accepts the same and assents thereto in its entirety.

APPLICANTS SIGNATURE: _____ DATE: _____

Parent or guardian must sign the following if the applicant is under 18 years of age:

I, _____, being the parent or legal guardian of the above applicant, do hereby certify that I have carefully read and fully understand the foregoing applications; and do hereby personally and on behalf of the said applicant accept and assent to their participation, including the CONSENT TO MEDICAL ASSISTANCE (paragraph 7) and the RELEASE OF LIABILITY (paragraph 8) set forth therein.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

FOR AGENCY USE ONLY

RECORDS CHECK BY: _____ DATE: _____

CCH/WANTED CHECK: _____ Mark43/COPLINK: _____

APPLICATION APPROVED BY: _____ DATE: _____

(Communications Director or designee)