



POLICE DEPARTMENT
Protect and Serve

CADET UNIT #9911

PARTICIPATION WAIVER

Must Be Notarized

I hereby request participation in the various functions of the West Bend Police Cadet Unit #9911.

I hereby agree to hold West Bend Public Safety Cadet Unit #9911, the City of West Bend, the West Bend Police Department and its members, blameless for any injuries during Cadet functions. I understand and agree to assume all liability for any and all injuries I may receive.

In the event of sickness or injury involving medical treatment, I hereby authorize such medical treatment as necessary and agree to hold all parties thereto blameless.

When involved in the Ride-along Program, I agree to follow the guidelines set forth in the program.

Name of Participant - Printed

Signature of Participant

Date

Signature of Parent / Guardian if under 18

Date

State Of _____

County Of _____

Signed before me this _____ **day of** _____ **20** _____
Day Month Year

Notary Public

Commission Expires