



Please review your answers carefully and read the statement below before signing the application.

**There are a limited number of seats available for the Academy so please forward your application early!**

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and/or answers to the above questions.

I understand that any omission or false statement on this application shall be sufficient grounds for rejection for enrollment or dismissal from the Citizens' Academy.

I acknowledge all of the information contained will be solely for the Citizen's Police Academy and for no other purpose.

I hereby authorize the Plymouth Township Police Department to make an examination of the foregoing information and conduct a thorough background investigation that may include a criminal history check and employment history for the purpose of evaluating my application.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Application to :      Plymouth Township Police Department  
Attn: Citizens' Police Academy  
700 Belvoir Road  
Plymouth Meeting, PA 19462

Dept Use Only:	Reviewed By:	Date:
	Approved:	Date:
	Rejected (reason):	



# PLYMOUTH TOWNSHIP POLICE DEPARTMENT

700 Belvoir Road Plymouth Meeting, PA 19462

(610) 279-1901 Police Admin. Fax: (610) 279-9974 Police Dept. Fax: (610) 279-1091

**John C. Myrsiades**  
*Chief of Police*

**Lt. Brian Wagner**  
*Administrative Lieutenant*

**Lt. Douglas Copestick**  
**Lt. Rocco Wack**

## WAIVER

In consideration of the granting of my request to be permitted to come upon the property or into any building or jurisdiction of the PLYMOUTH TOWNSHIP POLICE DEPARTMENT in the Commonwealth of Pennsylvania under control and supervision of the Chief of Police or designee, and to participate in the Citizens' Police Academy, I do hereby waive all rights and claims, and release and exempt the members, employees, and agents of the aforementioned agency from any and all rights and claims for injuries, accidents, sickness, death, and damages of whatsoever nature sustained, whether to my person or to my property, which may arise by reason of my presence upon the property or in any building or jurisdiction, primary or concurrent, of the PLYMOUTH TOWNSHIP POLICE DEPARTMENT, whether due to acts of God, accident, or negligence (including gross negligence) on the part of the PLYMOUTH TOWNSHIP POLICE DEPARTMENT, or any or all members, or agents of the aforementioned agency, whether such members are acting in their official capacity or in an individual capacity or within or without the scope of their employment.

I am aware that by participating in the Citizens' Police Academy I may be subject to injury and I agree voluntarily to participate and undertake to assume the risk of all dangerous conditions in or about the properties of the PLYMOUTH TOWNSHIP POLICE DEPARTMENT which dangerous conditions I realize can, may and do exist and thereby waive notice of the existence of any such dangerous conditions. I forever release PLYMOUTH TOWNSHIP AND PLYMOUTH TOWNSHIP POLICE DEPARTMENT, and their respected officials, officers, members and agents from and against any and all actions, claims or demands that I, my assignees, heirs, guardians, next of kin, and legal representatives may have, or may have in the future, for injury, death or property damage related to my participation in the Citizens' Police Academy.

I represent that at the signing and sealing of this waiver, I am of lawful age and legally competent to execute the same and, before signing and sealing it, I have informed myself of its content and execute it with full knowledge and understanding thereof. If not of legal age, my legal guardian has signed this waiver for me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone# Date

\_\_\_\_\_  
Witness Date