

Blair Police Department's 8th Annual Citizen's Police Academy

Local residents will be offered an opportunity to meet with several members of the department and attend classes on various law enforcement subjects.

Classes held Thursday evenings at the Police Department between 6:30-9 PM beginning on September 7th, 2017.



Call Lt Aaron Barrow at
402-426-4747, or email:
abarrow@blairnebraska.org
for more
Information.

Topics include:

- Department Orientation
- Police/Community Relations
- Criminal & Narcotics Investigations
- Use of Physical Force
- Emergency Driving & Traffic Stops
- K9 Operations & Demonstration



Participants will also be able to participate in a firearms range with a certified law enforcement weapons instructor and ride along with a Blair Police Officer on patrol.

Blair Police Department

1730 Lincoln Street

Phone: 402-426-4747

www.blairpolice.org

Please follow us on **Facebook**
www.facebook.com/BlairPD and @BlairPD on
Twitter



Blair Police Department
1730 Lincoln Street
Blair, NE 68008

Joseph Lager
Chief of Police

402-426-4747 (office)
402-426-7144 (fax)
www.blairpolice.org

Application

Thank you for your interest in our Citizen's Police Academy. Classes begin September 7th and will be held from 6:00-9:00 PM each Thursday evening at the Blair Police Department. Please return the completed application to our office prior to August 28th. Class size is limited; preference will be given to those persons living in the Blair/Washington County area.

1. Personal Data:

Name: _____; email: _____
Last, First, M.I.

Home Address: _____; Home/Cell Phone: _____

Date of Birth: _____; Driver's License #/State: _____

2. Give us a brief description of your personal and professional history, education and experience.

3. Please describe your interest in the Blair Police Department. Explain what you hope to gain by participating in this program.

I, _____ (applicant complete name), hereby authorize the Blair Police Department to make an independent investigation of my criminal background, driver's history and police record for the purpose of determining my suitability to attend the Blair Police Department's Citizen's Police Academy.

I release the Blair Police Department and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Signature

Date



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Citizen's Police Academy
Indemnity Agreement

1. I, _____ ACKNOWLEDGE AND FULLY UNDERSTAND THAT I WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE.
2. I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY.
3. I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE BLAIR POLICE DEPARTMENT OR THE CITY OF BLAIR, NEBRASKA AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASEES") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTY'S ACTIONS, INACTION, OR OTHERWISE..
4. I ACKNOWLEDGE THAT I AM AWARE THAT PARTICIPATING IN THE CITIZEN'S POLICE ACADEMY CAN BE DANGEROUS AND MAY RESULT IN PROPERTY DAMAGE OR SERIOUS BODILY INJURY. I ASSUME THE RISK OF ALL INJURIES OR PROPERTY DAMAGE THAT MAY OCCUR AS A RESULT OF MY VOLUNTARY PARTICIPATION IN THE CITIZEN POLICE ACADEMY. I FURTHER ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY MEDICAL OR OTHER EXPENSES THAT MAY OCCUR DURING PARTICIPATION IN THE CITIZEN POLICE ACADEMY.
5. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF BLAIR FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, COST OR EXPENSE ARISING FROM OR IN ANY MANNER CONNECTED TO BEING PERMITTED TO VOLUNTARILY PARTICIPATE IN THE CITIZEN POLICE ACADEMY.

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights.

X _____
Participant (Parent/Guardian if minor) Date