



# Vermont Criminal Justice Council Canine School Application

*This application initiates the Canine Certification process at the Vermont Police Academy. Please submit the required documentation upon submission of this application.*

Canine Handler Name: *(Last, First, M.I.)*

DOB:

Years as law enforcement officer *(certification date)*:

Agency Name:

Agency Address:

Canine Age:

Canine School you are applying to:  540 hour Patrol  240 hour Detection

Will you require Overnights:  Yes  No

Meals Required Daily:  Breakfast  lunch  dinner

## VCJC Internal Review

Has this canine been screened by Head Trainer:  Yes  No

Date Screened:

Name of canine screener:

Date PT Assessment was conducted:

Date Handler was interviewed:

Name of Handler Interviewer:



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## Registrant: Release of Liability

This release is made by \_\_\_\_\_, DOB: \_\_\_\_\_ of the town of \_\_\_\_\_, County of \_\_\_\_\_ State of \_\_\_\_\_.

I, on my behalf and on behalf of my heirs, next of kin, executors, administrators, estate, agents and assigns, and representatives of any nature whatsoever, for and in consideration of being a student of the Vermont Police Academy do hereby waive, release, and hold harmless the State of Vermont, the Vermont Criminal Justice Council, the Vermont Police Academy, and all of their agents, employees, former employees, and representatives from all demands, damages, actions, causes of action, suits and claims of any nature whatsoever, that I or my heirs, next of kin, executors, administrators, estate, agents, and assigns and representatives of any nature whatsoever, might otherwise have on account of death, physical or mental injuries, both to person and to property, whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future, as a result of my activities and association in the firearms class and all other instruction and participation in the activities of the Vermont Police Academy.

I, the undersigned, have reads this release in its entirety and understand all its terms. I execute it voluntarily and with full knowledge of its significance, in witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

### Signature of Registrant

At Town of \_\_\_\_\_, County of \_\_\_\_\_ State of \_\_\_\_\_, personally appeared and acknowledged the above instrument, sealed and subscribed by hum/her, to be his/her own free act and deed and made with full knowledge of its significance.

Before me, \_\_\_\_\_  
Notary Public (exp: ) \_\_\_\_\_

## Law Enforcement Agencies and Towns: Release of Liability

In consideration of the training to be received by its applicant, the law enforcement agency does hereby enter into this release from liability and indemnification agreement. Intending this agreement to be legally binding on the Law Enforcement Agency, its employees, administrators, and assigns, the law enforcement agency hereby waives, releases, and holds harmless the State of Vermont, the Vermont Criminal Justice Council, the Vermont Police Academy, and all of their agents, employees, former employees, and representatives from all claims, demands, rights, causes of action, and judgments of whatsoever kind and nature, arising from and by reason of death, physical or mental injuries, and consequences thereof which may be suffered by its registrant during the above-referenced Vermont Police Academy training program. As the signatory below, I hereby represent and warrant that I have the right, power, and authority to enter into this agreement, that I have taken all requisite action to approve execution, delivery, and performance of this agreement, and that this agreement constitutes a legal, valid and binding obligation upon itself in accordance with its terms. I hereby certify that the above-named individual is, or will be, upon satisfactory completion of the Basic Training Process for Waiver Officers, appointed as a Level III law enforcement officer.

\_\_\_\_\_  
*Signature of Agency Head or Designee*

\_\_\_\_\_  
*Date*

At Town of \_\_\_\_\_, County of \_\_\_\_\_ State of \_\_\_\_\_, personally appeared and acknowledged the above instrument, sealed and subscribed by him/her, to be his/her own free act and deed and made with full knowledge of its significance.

Before me, \_\_\_\_\_  
Notary Public (exp: ) \_\_\_\_\_