



# Statement of Completion of Background Investigation & Liability Waiver

Submit this form any time beginning **May 5, 2022** but no later than **July 02 at noon** to secure admission to the 114th Basic Training Class pending successful completion of the Entrance Fitness Exam and attendance of orientation. **Failure to complete and submit paperwork by the required date will result in forfeiture of the applicant's seat.**

**PLEASE PRINT CLEARLY AND READ ALL INSTRUCTIONS**

EMPLOYING AGENCY:	DOB:	
NAME: (LAST) (FIRST) (MI)		
<b>TO BE READ AND SIGNED BY EMPLOYING AGENCY HEAD:</b>		
<p>The applicant has successfully passed a thorough, comprehensive background and character check, which includes FBI fingerprint submission and polygraph exam. The polygraph and fingerprints must have been administered on behalf of the hiring agency or another Vermont police Agency within two years of entry into Basic training. <b>If applicant is Level II Certified please read the following VCJC policy: <a href="#">Polygraph Policy Information</a></b></p> <p>Date of Fingerprinting: _____</p> <p>Date of Polygraph: _____</p> <p>I have attached a complete VCJC Medical Examination form, completed no more than 12 months prior to entry into Basic training by a licensed physician or APRN (Advanced Practice Registered Nurse).</p> <p>I certify that the applicant named above meets the minimum entry standards for the Vermont Police Academy's Basic Training program for Level-III Law Enforcement Officers in accordance with the Vermont Criminal Justice Council Rule 16. The applicant has been hired on ____/____/____ and will be appointed as a Level-III Law Enforcement Officer upon certification.</p>		
<b>ATTEST:</b>		
_____	_____	_____
<i>Signature of Agency Head or Designee</i>	<i>Title</i>	<i>Date</i>

## Criminal Justice Council

317 Academy Road  
Pittsford, VT 05763  
Phone: 802 483 6228



# Statement of Completion of Background Investigation & Liability Waiver

## TRAINING RELEASE, WAIVER AND INDEMNIFICATION FOR APPLICANTS

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 accepted as a student of the Vermont Policy Academy do hereby WAIVE AND RELEASE the State of Vermont, the 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 or 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 weapons classes, firing exercises and all other instruction and participation in the activities of the Vermont Police Academy.

I, the undersigned, have read 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 Applicant: \_\_\_\_\_

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 Republic*

## TRAINING RELEASE, WAIVER AND INDEMNIFICATION FOR EMPLOYER

In consideration of the training to be received by its employee, 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 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 judgements 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 employee during the above referenced Vermont Police Academy training program including physical fitness testing.

The law enforcement agency also hereby agrees to indemnify and hold harmless the State of Vermont, the Criminal Justice Council, the Vermont Police Academy, and all of their agents, employees, former employees and representatives from any and all claims made by any other party or entity arising from its employee's participation in the above-referenced training provided by the Vermont Police Academy.

The law enforcement agency recognizes that the failure to fully accept the terms and conditions of this waiver may result in its employee being refused admittance into the training program.

As a 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.

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

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*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 Republic*