

Statement of Completion of Background Investigation & Liability Waiver

Submit this form any time beginning August 22, 2023 but no later than January 5, 2024 at noon to secure admission to the 117th 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) |
| TO BE READ AND SIGNED BY EMPLOYING AGENCY | (HEAD: | |
| The applicant has successfully passed a thorous fingerprint submission and polygraph exam. The hiring agency or another Vermont police of Certified please read the following VCJC police. | The polygraph and fingerprints must have been Agency within two years of entry into Basic | en administered on behalf of |
| Date of Fingerprinting: | | |
| Date of Polygraph: | | |
| I have attached a complete VCJC Medical Exar Basic training by a licensed physician or APRN | • | months prior to entry into |
| I certify that the applicant named above meet Training program for Level-III Law Enforcemer 16. The applicant has been hired on/_upon certification. | nt Officers in accordance with the Vermont (| Criminal Justice Council Rule |
| ATTEST: | | |
| Signature of Agency Head or Designee | Title | Date |

Criminal Justice Council

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



Notary Republic

| TRAINING RELEASE, WAIVER AND INDEMNIFICATION FOR <u>APPLICANTS</u> | | | | |
|---|--|---|---|--|
| This release is made by | | DOB: | | |
| Of the Town of | , County of | | , State of: | |
| of my activities and association in the we Police Academy. I, the undersigned, have read this release | reing accepted as a student of the Ver e Vermont Police Academy, and all of ses of action, suits and claims of any r s and representatives of any nature w foreseeable or not, which may occur, apons classes, firing exercises and all | mont Policy Academy do their agents, employees, nature whatsoever, that I or thatsoever, might otherwid directly or indirectly, or co other instruction and part | hereby WAIVE AND RELEASE the State of former employees and representatives or my heirs, next of kin, executors, se have on account of death or injuries, develop at any time in the future, as a result dicipation in the activities of the Vermont | |
| cance. In witness whereof I have execute | ed this release on this | day of | in the year of | |
| Signature of Applicant: | | | | |
| At Town of | , County of | and and subscribed | , State of, | |
| act and deed and made with full k | _ | ealed and subscribed | by him/her, to be his/her own free | |
| Before me, | • | | | |
| Notary Republic | | | | |
| TRAINING RELEASE, WAIVER AND IN | DEMNIFICATION FOR <u>employer</u> | | | |
| In consideration of the training to be receindemnification agreement. | eived by its employee, the law enforce | ement agency does hereb | y enter into this release from liability and | |
| Intending this agreement to be legally bir agency hereby waives, releases, and hold their agents, employees, former employe kind and nature, arising from and by reas ployee during the above referenced Vern | ls harmless the State of Vermont, the ees and representatives from all claim on of death, physical or mental injurio | Criminal Justice Council, t s, demands, rights, causes es and consequences ther | the Vermont Police Academy, and all of s of action and judgements of whatso-ever eof which may be suffered by its em- | |
| | employees, former employees and r | epresentatives from any | , the Criminal Justice Council, the Vermont and all claims made by any other party or nt Police Academy. | |
| The law enforcement agency recognizes trefused admittance into the training prog | , , | ns and conditions of this v | waiver may result in its employee being | |
| | livery, and performance of this agree | - | r into this agreement, that I have taken all ment constitutes a legal, valid and binding | |
| Signature of Agency Head or Designee | | Title | Date | |
| At Town of, | | | , State of,, | |
| personally appeared and acknowledged t with full knowledge of its significance. | he above instrument, sealed and sub | scribed by him/her to be I | nis/her own free act and deed and made | |
| Before me, | | | | |