CITY OF LONGMONT | Department of Public Safety

POLICE INFORMATION 303-651-8555 | FIRE INFORMATION 303-651-8437 PUBLIC SAFETY COLLABORATIVE SERVICES 303-774-3616 9-1-1 EMERGENCY COMMUNICATIONS CENTER 303-651-8501



WAIVER OF LIABILITY

I,, agree I will not participate in any part of the C.O.R.E. Academy (hereinafter "the Academy") that I am uncomfortable with, or consider unsafe. The Academy includes a self-defense class, and by participating, I am aware of the physical nature and possible risks of injury incident to taking this practical course in self-defense. I am physically fit to participat in the Academy, which involves various physical techniques, and I realize that self-defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved, and is dependent upon, continued practice beyond this class, exercising good judgement and a person's natural abilities.	nat I am uncomfortable with, or consider unsafe. The Academy and by participating, I am aware of the physical nature and possible is this practical course in self-defense. I am physically fit to participate is various physical techniques, and I realize that self-defense ally employed in every situation, and proficiency can only be on, continued practice beyond this class, exercising good judgement, and I representatives or assigns, do hereby release, waive, discharge, city of Longmont, its officers, employees, volunteers and agents from including the negligence of the City of Longmont, its officers, ents, resulting from any liability for injury or illness that may be ation in the Academy, or applying any of the information learned in the nothing taught in the Academy is legal advice, and I should consult
I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue, the City of Longmont, its officers, employees, volunteers and agents from liability from any and all claims, including the negligence of the City of Longmont, its officers, employees, volunteers and agents, resulting from any liability for injury or illness that may be incurred as a result of participation in the Academy, or applying any of the information learned in the Academy. I understand that nothing taught in the Academy is legal advice, and I should consult with my attorney for my home agency.	
Acknowledgment of Understanding: I have read this waiver of liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.	
Signature of Participant Date	