



SHELBYVILLE POLICE DEPARTMENT

105 W. TAYLOR ST. SHELBYVILLE, INDIANA 46176

PHONE 317-392-5106

FAX 317-392-3645

Shelbyville Police Department

Applicant Name: _____

Date of Birth: _____

Home Address: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Social Security Number: _____

Participant Agreement: I understand the dangers associated with participating in this physically demanding program. I am in good physical health and will consult my physician if there are any questions. I agree to abide by the rules, regulations of the Shelbyville Police Department and the instructions given by it's instructors.

Hold Harmless Agreement: I do by release and hold harmless the City of Shelbyville, the Shelbyville Police Department, and any of the above mentioned board members and employees liable or responsible for any injuries occurring during my participation in this program. This agreement to release and hold harmless shall also be for my heirs, estate, executor, administrator, assignee and all members of my family.

Signature: _____ **Date:** _____