



2025 STUDENT POLICE ACADEMY APPLICATION FORM

NAME:

LAST

FIRST

MIDDLE

**NAME ON
CERTIFICATE:**

LAST

FIRST

MIDDLE

ADDRESS:

POSTAL CODE

CITY

PHONE:

CELL PHONE:

EMAIL ADDRESS:

SCHOOL:

GRADE:

DATE OF BIRTH:

THE 2025 CALGARY POLICE SERVICE STUDENT POLICE ACADEMY WILL BE HELD ON WEDNESDAY, MAY 14, 2025 AT HERITAGE PARK FROM 0700 TO 1530 HOURS. ON THIS DAY, STUDENTS WILL GET TO BE POLICE OFFICERS AND WILL ATTEND CALLS AND HANDLE SITUATIONS THAT POLICE OFFICERS DO ON A NORMAL DAY. AN OFFICER COACH WILL ESCORT THEM FROM SCENARIO TO SCENARIO AND PROVIDE ADVICE AND GUIDANCE THROUGHOUT THE DAY.

****Please attach a paragraph as to why you want to attend****

Personal information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act, s. 33(c). It will be used to determine eligibility and suitability for the Student Police Academy and to administer participation in that program, if accepted. Questions about the use or collection of this information should be directed to a Sergeant, Youth Education Unit, Community and Youth Services Section, Calgary Police Service, 403-428-8399.

ASSUMPTION OF RISKS, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT
(the "Waiver")

IMPORTANT NOTE

The purpose of the Waiver is to take away you, your child's, and each of your respective heirs, executors, administrators, assigns, and insurers (the "Releasors") legal right to sue, seek compensation from, or indemnification from the Chief of the Calgary Police Service, the City of Calgary, and all their respective employees, agents, contractors, members, successors, officers, directors, representatives, and assigns (the "Releasees"). The Waiver also intends to impose certain financial obligations on the Releasors. You should read the Waiver carefully before you sign it as it will affect both your and your child's legal rights.

PREAMBLE

1. I, _____

SURNAME (PLEASE PRINT)

GIVENNAME(S)

am the guardian or parent of _____, a legal minor.
Full Legal Name

2. My child has been invited to take part in the Calgary Student Police Academy at Heritage Park on May 14, 2025 (the "Event"). In exchange for my child's opportunity to participate in the Event the Releasors agree to the below terms

RISKS ASSOCIATED WITH THE EVENT

3. I understand that the Event may involve my child participating in: physical strength exercises including running and strength exercises, and engaging in mock policing activities that may involve the use or instruction on a police duty belt, police uniform, flashlights, handcuffs, use of pressure points, and other "empty hand" use of force techniques like arm holds, or takedown techniques.
4. I understand that the Event is inherently dangerous and therefore presents risks to my child's physical health, mental health, and the risks of damage or destruction to either mine or my child's property.
5. I understand that the kinds of risks that the Event presents to myself and my child includes but is not limited to injury, death, disablement, or financial hardship caused by or related to: assaults by third-parties, slips, trips, falls, sprains, strains, tears, dislocations, broken bones, bruises, abrasions, lacerations (cuts), frostbite, sunburns, insect bites or stings, allergic reactions to environmental allergens, damage to the eye, blindness, tinnitus, asthma, respiratory difficulties, head injuries, brain injuries, PTSD, depression, somatic disorder, and property damage or destruction.
6. I understand that if either I or my child has pre-existing injuries or issues, whether physical or mental, that those injuries or issues might be temporarily or permanently made worse (aggravated) by my child's participation in the Event.

7. I understand that the risks set out above might be caused or contributed to by the intentional, willful, reckless, negligent, or grossly negligent acts of my child, myself, one or more of the Releasees, a person participating in the Event, or another third-party.

RIGHTS AND OBLIGATIONS OF THE PARENT

8. I understand that my child's participation in the Event is voluntary. This means my child may stop their participation in any portion of the Event at any time, for any reason.
9. I understand it is my job as a parent or guardian to explain to my child their rights under paragraph 8. I agree to tell my child about their rights before the start of the Event.
10. I agree to tell my child to follow any rules given to me by the members of the CPS during the Event. I understand that if my child does not follow the CPS' rules they may not be allowed to continue to participate in the Event.
11. I may fill out Appendix "A" to the Waiver, which is a medical condition information form. I understand that my decision to fill Appendix A out is completely voluntary and it is not mandatory. I understand the sole purpose of providing this information to the CPS is so that if my child suffers a medical emergency, the CPS can communicate this information to the first responders who may be on scene. However, I understand that the CPS is not a medical service provider and the CPS is not trained to take and will not take any special precautions during the Event because of their knowledge about my child's medical condition. I further understand that the CPS is not making any promises or giving any reassurances that it will communicate the information in Appendix A to a first responder during a medical emergency.

LEGAL RISKS OF WAIVER

12. I understand that the purpose of the Waiver is to take away the right of the Releasor (me, my child, and all of our heirs, executors, administrators, and insurers) right to sue the Releasees (the CPS and City of Calgary) for any injury, loss, or damage that occurs during the Event, even if that injury, loss, or damage was caused by any of the Releasees intentionally, willful, reckless, negligent, or grossly negligent acts. For example, if my child were to get injured while trying to "fake handcuff" a volunteer at the Event, this waiver would stop me and my child from suing the CPS or the City of Calgary, even if my child's injury could have been prevented if CPS properly supervised my child, intervened to stop my child from getting hurt, or better instructed my child.
13. I understand that the Waiver also obligates both me and my child to indemnify (pay) the Releasees if either I or my child cause damage to the Releasees property (beyond normal wear and tear), if my child hurts someone else during the Event and that person sues any of the Releasees, or if I or my child sue the Releasees.
14. I understand when I sign this agreement it will be assumed that I have read and understood everything in the Waiver.

ASSUMPTION OF RISK AND OBLIGATIONS, RELEASE OF LIABILITY, AND INDEMNITY

15. Having read and understood the risks associated with the Event, my rights and obligations under the Waiver, and the legal risks associated with signing the Waiver, the Releasors agree to voluntarily assume their respective risks and obligations related to same.

Initial _____

16. The Releasors agree to release and forever discharge the Releasees from any damage, loss, injury, cost, or claim (the "Damages") that arises from or relates to the Event, even if the Damage

is caused or contributed to by the intentional, wilful, reckless, or negligent, or grossly negligent act of the Releasees, another person participating in the Event, or a third-party. The Releasors will not bring any claim, action, suit, or proceeding (the "Claim") against the Releasees for any of the Damages that arise from or relates to the Event and the Releasees may raise and plead the Waiver as a complete defense (bar) to the Claim.

Initial _____

17. The Releasor will indemnify the Releasees for all the following: all legal fees, on a solicitor and client own basis that the Releasees incur in defending any Claim brought by the Releasor against the Releasees; the cost of repairing or replacing property me or my child damages or destroys during the Event (reasonable wear and tear excepted); the portion of the Damages caused or contributed to by mine or my child's own negligent, wilful, reckless, or criminal act that cause or contribute to Damages suffered by another person during the Event who brings a claim against the Releasees for same.

Initial _____

GENERAL

18. I understand that the Waiver and the information in the Waiver and the information collected in Appendix A is governed by the *Freedom of Information and Protection of Privacy Act* (as amended).

19. If any part of the Waiver is held to be invalid or unenforceable, the remainder of the Waiver will not be affected and will remain in full force and effect.

20. Electronic copies of the Waiver have the same force and effect as originally executed version.

Parent/ Guardian Name: _____

Parent/ Guardian Street Address: _____

Street

City

Province

Postal Code

Parent/ Guardian Telephone Numbers: (Home) _____ (Work/Cell) _____

Parent/ Guardian Email: _____

Minor's Date of Birth: _____

SIGNED this, the _____ day of _____, (2025)

Parent/ Guardian Signature: _____

Appendix A – Medical Conditions

Condition or Allergy EXAMPLE: Asthma	Notes / Important Information Regarding that Condition EXAMPLE: has Ventolin inhaler on them at all times

MEDIA CONSENT
(the "Media Consent")

I _____
SURNAME (PLEASE PRINT) GIVEN NAME(S) (PLEASE PRINT)

am the guardian or parent of _____
Full Legal Name

I understand that my child is taking part in the Student Police Academy on May 14, 2025. I understand that during my child's participation in this event, the CPS might take photographs, video, or audio recordings of my child to be used for posting on the CPS' internal newsroom website, promotional materials to advertise the Academy, or on the CPS' School Resource Officer's website (once that website is launched). This information is collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)*.

I understand that this information is subject to the FOIP Act, which means that it will be used and disclosed in accordance with the Act.

I acknowledge that I have been made aware of the reasons for the disclosure of the above information and the risks and benefits to consenting to its disclosure. By signing the Media Consent I am consenting, on behalf of my child, to allow the CPS to use my child's personal information as contemplated above.

I understand that either I, another parent or guardian, or my child may revoke consent at any time by providing the CPS with written notice addressed to:

The Calgary Police Service
ATTN: Access & Privacy Section
Mail code 640
5111 47th Street N.E.
Calgary Alberta, T3J 3R2

Parent/ Guardian Name: _____ Minor's Name and Age _____ SIGNED this, the _____ day of _____, (2025) Valid for 2 years from the date signed Parent/ Guardian Signature: _____
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