

SAN RAMON POLICE YOUTH ACADEMY

WHEN

Monday - Thursday
June 8 - June 11, 2020
June 15 - June 18, 2020
9 am - 12 pm

WHERE

San Ramon Police Department
2401 Crow Canyon Rd, San Ramon, CA

Featuring: [Patrol](#) • [Traffic](#) • [Investigations](#) • [Evidence](#)

WWW.SANRAMON.CA.GOV/POLICE

MUST

Live or go to
school in San
Ramon

MUST

Be between 14
and 18 years old

MUST

Have a 2.0 GPA or
higher & no
arrest history

MUST

Be ready to have
a good time

Questions?

Call **Officer Williams**
925-683-3864



San Ramon Police Department YOUTH ACADEMY 2020

Name: _____
Last First Middle DOB

Address: _____ Sex: M F

City: _____ School: _____

Grade (This Fall): _____ Age: _____ Adult T-Shirt Size: _____

Phone Number (Applicant): _____ Email Address (Applicant): _____

Parent Name: _____ Parent Phone Number: _____

Email Address (Parent): _____

Briefly explain why you are interested in attending the Youth Academy:

Have you ever been arrested in any jurisdiction? (Circle One) Yes No

If yes, explain when, where and what the circumstances were:

If accepted, will you be able to attend all of the sessions? _____

How did you hear about the Youth Academy? _____

Signature of Applicant: _____ Date: _____

*** Signing this form allows the San Ramon Police Department to conduct a limited background check for criminal history. ***

Signature of Parent: _____ Date: _____

*** This course may include light physical activity, exposure to simulated firearms and graphic subject matter. ***

In case of emergency, please provide the name and phone number of a parent or guardian we can contact: _____

Please return this form to:

By Mail:

San Ramon Police Department
Attn: Youth Academy
2401 Crow Canyon Rd
San Ramon, CA 94583

In Person:

San Ramon Police Department
Attn: Officer K. Williams
2401 Crow Canyon Rd
San Ramon, CA 94583

By Email:

Officer Katie Williams at sracademy@sanramon.ca.gov.



**SAN RAMON POLICE DEPARTMENT
YOUTH ACADEMY
RELEASE OF LIABILITY**



In consideration for participation in the City of San Ramon's Youth Academy, I hereby agree to hold harmless and release the City of San Ramon (including its City Council, officers, and employees) from any and all liability, claims, losses, costs, damages, injuries to person or property (including death), and expenses (including attorneys' fees) that may occur as a result of my participation in the Police Department's Youth Academy program. This Release of Liability shall similarly bar my heirs, executors, administrators, or assigns from making any claims for damages or demands related to my participation in the Youth Academy.

I acknowledge that the Youth Academy provides training and activities that include a certain amount of risk; I voluntarily assume that risk when signing this Release of Liability. I acknowledge that the Youth Academy Program will involve training, activities, and risks that include but are not limited to:

Ride-a-longs with officers in the field and on patrol; travel to and from field trips, and off site locations; contact with the public, firearms handling, and SWAT scenarios; Police dog or K-9 training scenarios; physical fitness exercises.

I attest that I am physically fit and that I have sufficient knowledge about the dangers of police training exercises and my participation in the Youth Academy. I understand that persons involved in the Youth Academy may be subject to personal injuries, such as, but not limited to, dog bites, broken bones, lacerations, eye and ear injuries, and personal property damages as a consequence thereof. Knowing these risks, I hereby agree to assume those risks and to release and hold harmless the City of San Ramon, its City Council, officers, and employees, who through negligence or carelessness might otherwise be liable to me, my heirs, administrator, or assigns for damages.

MY PARTICIPATION IN THE YOUTH ACADEMY PROGRAM IS VOLUNTARY. I AGREE TO PARTICIPATE IN THE PROGRAM AT MY OWN RISK. Initial _____

I AGREE TO ACCEPT AND ABIDE BY THE RULES AND ORDERS GIVEN BY THE SAN RAMON POLICE PERSONNEL. Initial _____

I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE AND BY MY SIGNATURE ACKNOWLEDGES THIS UNDERSTANDING.

Participants Signature

Date

I ATTEST I AM 18 YEARS OF AGE OR OLDER. IF NOT, MY PARENT HAS SIGNED BELOW.

D.O.B. _____ *Initial* _____

Parent Signature

Date



The City of San Ramon Police Department

PHOTOGRAPH / VIDEO RELEASE FORM



I, _____ hereby grant permission to the San Ramon Police Department, its employees or representatives, to take and use any and all photographs / digital images, video / audio recordings, of me for use in promotional, educational, or other materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

The indefinite use of these materials is authorized by my without compensation. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of the San Ramon Police Department.

Signature Date

Address

RELEASE FOR MINOR CHILDREN (Under 18 years old)

I, _____, parent/guardian of _____

grant permission to the San Ramon Police Department, its hereby grant permission to the San Ramon Police Department's employees or representatives, to take and use: photographs / digital images, video/digital tape recordings, audio recordings, and/or quotations, of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, web sites. In addition, I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the images.

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of the San Ramon Police Department.

Signature Date

Address