

# **New Bern Police Department**



# **NEW BERN**

**Police and Community come together here.**

## **PUBLIC SAFETY CADET PROGRAM #1797**



## B. Educational (Name of Schools)

A. Grammar \_\_\_\_\_

B. Junior High \_\_\_\_\_

C. High School \_\_\_\_\_

D. College \_\_\_\_\_

## C. Family Information

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

PO Box and/or Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Employer \_\_\_\_\_

## D. Emergency Care Information

Name of Doctor \_\_\_\_\_

Doctor's office address \_\_\_\_\_

Office phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_

Dentist's office address \_\_\_\_\_

Office phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Contact in the event of an emergency (other than parent/guardian listed)

Name \_\_\_\_\_ Phone \_\_\_\_\_

**New Bern Police Department**  
**Authorization and Release to Obtain Information**  
**For Public Safety Cadet Program**

I, \_\_\_\_\_, authorize the New Bern Police Department to conduct a personal background investigation in connection with my application for the New Bern Police Department Public Safety Cadet Program.

This investigation may include information from educational institutions, physicians and / or medical records, police and / or court records, including any juvenile record regulated by state law, Department of Motor Vehicles, previous employers, and other appropriate sources.

I authorize the release of any information that the New Bern Police Department may request from the above sources.

I fully understand all information gained from such investigation is confidential and will only be released to authorized persons in the screening process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and / or document furnished for that membership and / or answers to questions. I am aware that should an investigation disclose any willful misrepresentations, or omissions, falsifications, my application may be rejected or if already a member, my membership terminated.

I hereby release the New Bern Police Department or any of its agents or representatives and my person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such document, records and other information for the investigation made by the New Bern Police Department.

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Applicant Signature and Date

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(If Under 18) Parent Signature and Date

**NORTH CAROLINA  
CRAVEN COUNTY**

**RELEASE FROM LIABILITY AND  
HOLD HARMLESS AGREEMENT**

In consideration of the opportunity to participate in the Public Safety Cadet Program, a volunteer activity to provide young adults who may be interested in a career in law enforcement with a comprehensive program of training, competition, service, and practical experience organized by the New Bern Police Department (“NBPD”), a department of the City of New Bern, I hereby agree to release, defend, indemnify, and hold harmless the City of New Bern and its employees, agents, police officers, representatives, and public officials, from and against any and all claims, damages, losses, costs, responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the City, that I may incur arising out of the foregoing volunteer activity. I assume all risks associated with my voluntary participation in this program, including, but not limited to, falls, bodily injury, drowning, contact with other participants, water conditions, effects of the weather (including extreme cold, rain, wind and other weather related conditions), traffic, and all conditions of the geographic locations in which the program is to be conducted, all such risks to be known and appreciated by me.

The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I have carefully read and understand this agreement, and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue.

I have made NBPD aware of any medical conditions, medications, or special needs that I have that are relevant to my participation in the foregoing volunteer program.

I sign this agreement of my own free will.

I, the undersigned, am legally competent to sign this release. I have read the release and understand its contents. (If participant is under age 18, parent or legal guardian must sign.)

Agreed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



## PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

### AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I agree that approved Mentors and program volunteers may provide transport during Cadets Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

### AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

### WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent.

I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

***I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives:***

Cadet Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cadet Printed Name: \_\_\_\_\_

***If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:***

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_