Terms of Participation

By signing below, I understand that the Auburn Citizens' Academy is a voluntary program, and I willingly apply knowing that a significant time commitment is expected from me. I acknowledge that if I miss two (2) or more full sessions I will not be eligible to graduate and my participation in the program will end. I acknowledge I will arrive on time for each session.

I acknowledge I cannot bring guests with me to activities due to space limitations and my dedication to interact with other participants and city staff during each session. As such, I acknowledge this program is a partnership between the participants and City staff.

I acknowledge I may be exposed to dust, dirt, grease, machinery with moving parts and loud noises during some of the onsite visits.

I acknowledge the City has the right to ask anyone who is disruptive or acting inappropriately to leave the program.

I acknowledge that during any of the Citizens' Academy sessions I may be photographed by the City and those photographs may be used in print and electronic promotional materials.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.

I do hereby fully waive, release and discharge the City of Auburn, its officials, agents, servants, representatives, and employees from any and all claims for injuries, damages or loss which I may sustain or which may accrue to me arising out of, connected with, or in any way associated with the activities of this program.

I further agree to indemnify, hold harmless and defend the City of Auburn, its officials, agents, servants, representatives and employees from any and all claims for injuries, damages or loss sustained by me arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above program details, waiver and release of all claims and permission to secure treatment.

Print Name: _____
Applicant Signature: _____ Date: _____

If I will miss work to participate in the program, my employer's signature below indicates their permission/agreement. (Not required. Only complete if applicable.)

Employer Name: _____
Signature: _____ Date: _____