



## BASIC TRAINING DIVISION STUDENT LIABILITY RELEASE

Washington State Criminal  
Justice Training Commission  
19010 1st Ave. S., Burien, WA 98148  
Phone: (206) 835-7299  
Email to: [basictraining@cjtc.state.wa.us](mailto:basictraining@cjtc.state.wa.us)

In consideration of being allowed to attend and participate in a Basic Training Academy, while in the normal course of my employment, and in recognition of the personal and professional benefit to be gained therefrom, I personally assume all risks, whether foreseen, in connection with my participation in this course. I further release the Commission, its instructors, agents and operators, for any harm, injury or damage, which may occur to me while in attendance. I hereby hold harmless the Washington Criminal Justice Training Commission and said persons from any claim by me, or my family estate, heirs, or assigns, arising out of my attendance and participation in this course.

In signing the Release Agreement, I attest to the following:

- a) I am presently in good physical and mental health.
- b) I have no reason to believe that I am not in good physical and mental health.
- c) I know the risks involved in such activities, and that unanticipated risks may arise during such activities.
- d) I have read and fully understood the terms and conditions of this release.
- e) I understand that the terms herein are contractual and not a mere recital.
- f) I have signed this release as my own free act.

### Applicant Statement

I have reviewed the above physical requirements of the Basic Training Academy Program and believe that I have no existing physical limitations that would preclude me from fully and actively participating in such program safely without undue hazard to my health.

Name of Applicant (print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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