INTERNSHIP APPROVAL FORM

C.R. #_____

NAME:_____ HOME PHONE:_____
(Last) (First) (M.I.)

LOCAL ADDRESS:_____
(Number & Street) (City) (State) (Zip)

PERM. ADDRESS:_____
(Number & Street) (City) (State) (Zip)

SEX:_____ AGE:_____ D.O.B._____ S.S.N._____

==========

SPECIAL WAIVER OF DAMAGE OR INJURY

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, for and in consideration of the City of Kent granting me the privilege of an educational internship, do for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the City of Kent together with its successors, assigns, employees, agents and servants, from any or all claims, demands, actions, and causes of action whatsoever, whether brought against the City of Kent or its successors, assigns, employees, agents, and servants individually, as may arise by reason of my engagement in such internship activities under the above mentioned privilege.

And I hereby declare that I fully understand the terms of this waiver: that for the sole consideration of said privilege do hereby waive and relinquish all claims, demands, actions, and cause of action arising or growing out of exercising such granted privilege.

I further understand and authorize the release of any criminal, police, or other record, public or private, that may be deemed necessary for the Kent Police Department to consider prior to my approval of this request.

I, the undersigned, have read said waiver and, of my free will and accord have hereunder set my hand this _____ day of _____ , 20_____. This waiver to be in effect until _____ unless canceled by either party beforehand.

WITNESSED: SIGNATURE:

_____ _____

APPROVED:

CHIEF OF POLICE