



Metro Transit Police Department

Citizen's Police Academy

LIABILITY WAIVER FORM

I, _____, have volunteered to be a participant in the Washington Metropolitan Area Transit Authority's (WMATA) Metro Transit Police Department's (MTPD) Citizen's Police Academy (CPA). In consideration for allowing me to participate, I agree to the conditions contained herein.

I understand that my participation in the CPA **DOES NOT** grant or give me police powers of any kind. I **AM NOT**, nor will I be, a law enforcement officer of any kind by virtue of my participation in, and/or graduation from, the CPA. I **WILL NOT** represent myself as a police officer, law enforcement officer, or peace officer at any time to any person(s) based upon my participation in the CPA. Should I violate any laws (Local, State, or Federal), I understand that I **WILL NOT** receive any special treatment or consideration from WMATA or WMATA's Metro Transit Police Department because I am, or was, a graduate of the CPA. I understand that my participation in the CPA does **NOT** authorize or grant me any rights to carry or use any weapons and/or firearms, beyond any right to do so already available to me under law, prior to my participating in the CPA. I understand that the sole purpose of the CPA is to provide me with information relating to MTPD and to law enforcement in general. I hereby release and forego any and all claims of any kind against WMATA, as well as against any and all of its agents, officers, employees, from any and all liability for any and all injury or injuries, or for loss(es) of any kind, that relate to my application to, or participation in, the CPA, including but not limited to my expulsion from the CPA program, or from the CPA Alumni Association.

Finally, I hereby acknowledge that I have read and understand this agreement and sign it freely and voluntarily.

Print Name

Witness: Print Name

Signature

Witness: Signature

Date

Date