

I further understand that any violation of the rules and regulations of the Naperville Police Department may terminate my internship period.

I understand that I will ride in a police unit with police officers during tours of duty. In the event of a disturbance or emergency, I will remain in the police unit and not place myself in a position where I could hinder an investigation or place myself in danger. I hereby release and waive all responsibility to the City of Naperville, the Naperville Police Department, and all of its employees for any injury, physical or mental, that I might receive while at the police department or while accompanying members of the Department during the internship program. I shall not have any right for a cause of action against the City of Naperville or any of its employees for any act or neglect to act, whatsoever occurring while involved in the intern program.

I have read and understand these guidelines regarding the Naperville Police Department Internship Program, the requirements of the program and all of the associated waivers of liability.

Applicant (printed name)	Date
Applicant (Signature)	
Witnessed by:	
Witness (Printed Name)	Date
Witness (Signature)	