

**2010 Mason County Law Enforcement  
Citizen Academy  
April 7<sup>th</sup> – June 9<sup>th</sup>, 2010**

**Application**

**FULL NAME**

**LAST**

**FIRST**

**MIDDLE**

**ADDRESS**

**PHONE**

**DATE OF BIRTH**

**EMAIL**

Registration and Release Form, I hereby release, indemnify and will hold harmless the City of Shelton, County of Mason, State of Washington, it's employees, officers, and agents from any and all claims for injury to person, including death, and property arising out of or if in any way connected to participation in the attached described activity. I further recognize that there are inherent risks associated with such activity. I agree that pictures taken during the class / program hours may be used for the future promotional purposes. Your signature below shall constitute acceptance of the conditions set forth in the release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TURN IN or MAIL TO:**

**Detective Chris Kostad, Shelton Police Department  
P.O. Box 1610, Shelton, WA 98584**