APPLICATION F		IICAGO POLICE	DEPARTMEN	IT FACILITY	DATE	
NAME OF ORGANIZ	ZATION					
CONTACT PERSON'S NAME		TELEPHON	E NUMBER	EMAIL AD	EMAIL ADDRESS	
WHICH FACILITY IS	S REQUESTED?					
FACILITY REQUES	TED FOR WHICH [DATE(S)?				
WHAT IS THE PUR	POSE OF THE FAC	CILITY REQUESTED	?			
WHAT TYPE OF EC	QUIPMENT IS NEEI	DED?				
ANY OTHER NEED	S?					
		CPD facilities can be gencies and CPD pol			City of Chicago, community	
	V	VAIVER/RELEAS	E OF LIABIL	ITY		
facilities, hereb	by release and hold		Chicago, its age		go Police Department tives, and employees	
		Il further apply to any or employees arising			e or assert against the or potential liability.	
Chicago, its off	ficial officers, emplo		rsonnel of the Ci	ty of Chicago fro	d assigns, the City of om any and all liability ment facilities.	
I declare that I those terms.	HAVE READ and F	FULLY UNDERSTAN	D the terms of th	is RELEASE, ai	nd I voluntarily accept	
IN WITNESS V	WHEREOF, the und	ersigned has affixed	his hand and sea	al at Chicago, Illi	nois thisday	
of	20					
				Participant's Sig	nature	
ACCEPTED FOR:			CHICAGO PO	LICE DEPARTM	IFNT	
APPROVED:						
CPD-11.904 (12/11)						