

Contra Costa County Office of the Sheriff

CITIZEN'S ACADEMY APPLICATION

Please read and fill out completely



APPLICANT NAME: _____
LAST FIRST MI

ADDRESS: _____
STREET CITY ZIP

DATE OF BIRTH (MM/DD/YYYY): _____ SEX (M/F) _____ DL# (if applicable): _____

PHONE NUMBER: _____ EMAIL: _____ T-SHIRT SIZE: S M L XL XXL

EMERGENCY CONTACT: _____
NAME PHONE # RELATIONSHIP

THE CITIZENS ACADEMY REQUIRES PARTICIPANTS TO ATTEND ALL CLASSES FOR THE DURATIN OF THE PROGRAM. IF YOU ARE UNABLE TO ATTEND ALL MEETINGS, PLEASE CONSIDER SIGNING UP FOR A LATER DATE.

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Contra Costa County Office of the Sheriff Citizen's Academy, I hereby authorize the Contra Costa County Office of the Sheriff to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining eligibility of applicants for the Citizen's Academy. All information is to remain confidential as required by state and federal statutes.

INITIALS _____

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR THE CONTRA COSTA COUNTY OFFICE OF THE SHERIFF CITIZEN'S ACADEMY

All participants, regardless of age, must read, understand, and sign this Waiver and Release Form.

PARTICIPANT CONSENT

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages incurred by me, or which may hereafter occur to me, as a result of participation in said event. This release is intended to discharge in advance Contra Costa County, the Contra Costa County Office of the Sheriff, its officials, officers, employees, volunteers and agents from liability (collectively, the "Releasees"), even though that liability may arise out of negligence on the part of the Releasees. It is understood that some activities at the event involve, or may involve, an element of risk or danger of accidents and harm, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I further agree that if, despite this Release and Waiver of Liability Agreement, the Participant, or anyone on the Participant's behalf, makes a claim against one or several of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost that may incur as the result of such claim.

CONSENT FOR TREATMENT

I hereby give my consent to have the above Participant treated by emergency medical personnel, a physician, or surgeon, in the case of sudden illness or injury while participating in the above event. It is understood that Contra Costa County Office and all the released parties will not pay medical costs either directly or through insurance, and that the cost of medical services will be at the Participant's expense or the expense of Participant's parent(s) or legal guardian(s).

MEDIA RELEASE

I understand while participating in this activity, the Participant may be photographed. I agree to allow the Participant's photo, video, or film likeness to be used for any legitimate purpose by the Contra Costa County Office of the Sheriff, without compensation and without time limitation.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Signature

Print Name

Date