

Franklin County Sheriff's Citizens Academy Application

Waiver and Release:

I recognize and acknowledge that by participating in a class, volunteering with the Franklin County Sheriff's Office, participating in a law enforcement car ride-a-long, or participating/observing other activities associated with the Franklin County Sheriff's Office, there are certain risks involved in all of these activities. I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I, my child or a child for whom I am the legal guardian, may sustain as a result of participating in one or more of the activities identified above, and that I agree to indemnify, defend and hold the Franklin County Sheriff's Office harmless thereon.

I also certify that I am in the appropriate physical and mental condition to participate in the selected program/activity. While participating in a program/activity, or volunteering with the Franklin County Sheriff's Office, I understand and agree that I am responsible for monitoring my own physical and mental condition to determine my capabilities throughout the length of the program or activity, and I agree to indemnify, defend and hold the Franklin County Sheriff's Office harmless thereon for any accidents or incidents (including physical injury, death, loss of services/consortium) that occur as a result of acts for which I determined that I was physically and/or mentally capable of performing.

I understand that this Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Ohio and that if any portion of this is invalid, the remainder will continue in full legal force and effect. I have carefully read and voluntarily sign this Waiver and Release of all claims and fully agree and understand that its contents and meaning as a full waiver and release of all claims and liability against the County, its elected officials, officers, agents, servants, employees, volunteers and insurers.

Finally, I grant full permission to the Franklin County Sheriff's Office to use any photographs, videos, or recording of myself while participating in the Franklin County Sheriff's Office program or volunteering for any purpose.

Agreement

I certify that the statements made on this form and on my application are true and correct and have been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest, and I release the Franklin County Sheriff's Office from any liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer. I also understand that completing this application does not necessarily guarantee enrollment in a program/activity or for selection as a volunteer for the Franklin County Sheriff's Office.

I understand and give my permission to the Franklin County Sheriff's Office to conduct a background check to determine my suitability of admission into this program/activity or for selection as a volunteer.

I understand that as part of my interaction with the Franklin County Sheriff's Office, I may learn confidential information that is related to the Franklin County Sheriff's Office that might include personnel matters, criminal investigations, criminal history, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review. I agree to abide by the rules and guidelines set by the Franklin County Sheriff's Office. I agree that I shall not violate the confidentiality interests of the Franklin County Sheriff's Office or its employees. This agreement shall not be construed to prevent me from discussing the general nature of the Sheriff's Citizens Academy Program. However, under no circumstances may I reveal confidential information except as required by law.

Typing your name and the date in the space provided will serve as your electronic signature and your agreement with all of the above listed statements. By submitting the form, I hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission to the Franklin County Sheriff's Office to conduct a background check to determine my suitability of admission into this program.