



Franklin County Sheriff's Office  
Patrol Bureau  
**CITIZENS ACADEMY**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I hereby release the Franklin County Sheriff's Office, Franklin County, Ohio, Sheriff Zach Scott, or any of his deputies and/or employees of any and all liability or responsibility for any injury to myself.

I release any and all liability and/or responsibility to participate in the Citizens Academy and as a civilian ride along with the Franklin County Sheriff's Office.

**MEDICAL HISTORY**

Medication taken regularly (names and dosage, etc.):

\_\_\_\_\_

List any medical problems/physical defects:

\_\_\_\_\_  
\_\_\_\_\_

List three (3) people to be contacted in case of an emergency:

Name

Address

Telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Print Name*

*Signature*

*Date*

(  ) **APPROVED**

(  ) **DISAPPROVED**

**Date**

**Authorized Supervisor**