



Sheriff Walt McNeil
Leon County Sheriff's Office
2825 Municipal Way
Tallahassee, FL 32304
Send completed application to:
Shonda Knight 850-606-3270
knights@leoncountyfl.gov



CITIZENS ACADEMY APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

RACE: ____ MALE: ____ FEMALE: ____ BIRTHDATE: ____ SS#: ____

EMAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ STATE: _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

PHYSICAL CONDITION: (check one) ____ EXCELLENT ____ GOOD ____ FAIR ____ POOR

WHY DO YOU WISH TO ATTEND THE CITIZENS ACADEMY? _____

HOW DID YOU FIRST HEAR ABOUT THE CITIZENS ACADEMY? _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? ____ yes ____ no (If yes, please explain) _____

GIVE THE NAMES AND ADDRESSES OF TWO CHARACTER REFERENCES:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |

By my signature below I acknowledge the above information is a true and accurate representation and that **all of the above information is required** in order for LCSO to conduct a background inquiry with the Department of Law Enforcement and make a determination of eligibility for the Citizens Academy. I also understand I can only take this program one time and if I decide to volunteer, I can be removed from ALL activities, if removed from one. (You must be 18 or older to apply)

SIGNATURE: _____ DATE: _____



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LEON COUNTY SHERIFF'S OFFICE
CITIZENS ACADEMY
WAIVER, RELEASE AND INDEMNIFICATION

The LEON COUNTY SHERIFF'S OFFICE (the "SHERIFF") conducts a course known as the "Citizens Academy", open to local citizens in which citizens are exposed to all major aspects of the operations of the LEON COUNTY SHERIFF'S OFFICE. The SHERIFF conducts classes on and off the premises of the LEON COUNTY SHERIFF'S OFFICE, including particularly (but without limitation), class sessions at the **Florida Public Safety Institute**. In consideration for the privilege and benefits to be derived from participating in the Citizens Academy, the SHERIFF is requiring all participants therein to execute this waiver, release and indemnification.

Participation in the Citizens Academy class sessions may involve physical activities such as, but not limited to, lifting, walking, riding, the discharge of firearms and will include risks such as falls, interaction with other participants, effects of weather, the physical conditions of the facilities, features and equipment located thereon, together with the inherent risks of being in close proximity to the discharge of firearms and the utilization of various items of equipment and other weaponry used by law enforcement personnel. Participant expressly assumes these and all other risks arising in any way out of Participant's participation in Citizens Academy activities; including any transportation provided to, from and between such activities, and agrees to stop and request assistance if experiencing any symptoms or other conditions which would make it difficult or unsafe to continue; further understanding that Participant is solely responsible for their own health and safety. Participant understands that at all Citizens Academy class times, the privilege of their participation shall be governed by the SHERIFF (inclusive of SHERIFF'S deputies, officials, representatives and employees) and Participant will abide by and follow any directions given by such SHERIFF'S personnel.

On behalf of Participant's self, heirs, executors and assigns, Participant does hereby waive and personally assume any and all risks and liability for damages, losses, personal injuries or death which Participant might suffer, sustain or cause while participating in any activities of the Citizens Academy. Participant does hereby release and forever discharge the LEON COUNTY SHERIFF'S OFFICE, SHERIFF WALT MCNEIL and his deputies, officers, agents, employees, representatives and other personnel (in their official and individual capacities), the County of Leon County, Florida, and the owners and personnel of the Florida Public Safety Institute or other premises and facilities utilized by Sheriff for Citizens Academy activities (collectively, the "Releasees") from any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which Participant has or may hereafter acquire against the Releasee as a result of Participant's voluntary participation in the aforescribed activities and Participant hereby holds harmless and agrees to indemnify Releasees for all damages, attorneys fees and costs which may be incurred in defending any such demands, claims, actions and the like.

WITNESSES:
(Two witnesses, please)

Signature _____
Printed Name _____

Signature _____
Printed Name _____

YOUR SIGNATURE

Signature _____
Printed Name _____
Address: _____
Date _____