WILLIAMSON COUNTY SHERIFF'S OFFICE

SHERIFF JEFF HUGHES

408 CENTURY COURT
FRANKLIN, TENNESSEE 37064
(615) 790-5560

Williamson County Sheriff's Office
Citizens Academy Application

Name:_____
Last First Middle

Address:_____

Home Phone:_____Cell Phone:_____

E-mail Address:_____

TN Drivers License#_____SSN:_____

Employer:_____

Employers Address_____

Employers Phone Number_____Occupation_____

Please list prior Citizens Academies and Dates of Graduation:

_____

_____

At the time of this application, are you under 21 years of age?……..Yes No
Have you ever been arrested or convicted of any criminal offense?.....Yes No
Do you have any medical conditions that limit your activities?.....Yes No

If you answered "yes" to any of the above questions, please explain:

_____

_____

_____

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Please let us know why you are interested in attending the Citizen's Police Academy:

Permission to Conduct a Background Investigation

As an applicant for the Williamson County Sheriff's Office Citizen's Police Academy, I hereby authorize the Williamson County Sheriff's Office to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand this this criminal history check is being conducted due to the nature of the classes given at the Citizen's Police Academy.

I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Citizens' Police Academy. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant Printed Name Date

Thank you for your interest and we look forward to your participation.

408 Century Court
Franklin, TN 37064
615-790-5604

WILLIAMSON COUNTY SHERIFF'S OFFICE
JEFF LONG, SHERIFF
408 CENTURY COURT
FRANKLIN, TENNESSEE 37064
(615) 790-5560

Citizen's Academy Liability Waiver and Indemnity Agreement

In consideration of being permitted to participate in the Williamson County Sheriff's Office Citizen's Academy (Sheriff's Academy), I, my next of kin, personal representatives, and heirs hereby release Williamson County Government and the Williamson County Sheriff's Office, their deputies, officers, agents and employees from any and all liability for any injury or damage I may suffer or sustain during my participation in all activities in the Sheriff's Academy. I understand that participation in the Sheriff's Academy can be hazardous and dangerous and that the conditions may be more hazardous and dangerous than I presently believe.

I agree to hold harmless, indemnify and release Williamson County Government and the Williamson County Sheriff's Office, their agents, officers, deputies, and employees, from any and all loss, injury, liability, damage or cost I may incur or suffer due directly or indirectly from my participation in any and all activities of the Sheriff's Academy whether caused by the negligence of Williamson County Government or the Williamson County Sheriff's Office, their officers, deputies, agents or employees. I hereby assume full responsibility for and risk of bodily injury, death, property damage, or otherwise resulting, directly or indirectly, from my participation in any and all activities of the Sheriff's Academy. I agree that this Liability Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee.

I further release all employees, officers, deputies, representatives, or agents of Williamson County Government and the Williamson County Sheriff's Office from any claims whatsoever on account of first aid, medical treatment, or services rendered to me during my participation as a result of the Sheriff's Academy.

I further state that I have carefully read the above agreement and I understand the contents contained herein and sign this agreement of my own free will.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND I AGREE TO BE LEGALLY BOUND BY ALL TERMS OF THIS AGREEMENT.

_____ _____

Signature Date

_____ _____

Printed Name Witness