

FLORENCE POLICE DEPARTMENT

CITIZENS' POLICE ACADEMY

BACKGROUND INVESTIGATION & RELEASE FORM

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered this ____ day of _____, 2009.

As an applicant in the City of Florence Police "Citizens' Academy", I hereby authorize the Florence Police to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked by this department and will be used to determine my eligibility for the Citizens' Police Academy. All information will remain confidential as required by the Oregon and Federal statutes.

The undersigned, in consideration for the privilege of being a participant in the Citizens' Academy, and recognizing that such activity involves inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation in the Citizens' Police Academy.

The undersigned for him/herself, legal representatives, heirs and assigns does hereby release and discharge the City of Florence, It's officers, agents and employees from any liability for any loss or damage or any claim or damages resulting from the participation in the Citizens' Academy on account of any injury to my person or property whether caused by negligence of the Citizens' Academy, its officers, agents, and employees, or otherwise, while I am participating in the Citizens' Academy.

The undersigned hereby agrees to indemnify, defend, and hold harmless the City of Florence, its officers, agents and employees from any and all claims, losses, damages, causes of action, liability, including all expenses of litigation for injury to myself or any person or loss of property arising out of my participation in the Citizens' Police Academy.

The City of Florence does not provide participants in the Citizens' Police Academy with any type of health insurance. The firearms training of this academy guarantees or certifies proficiency in the use of a firearm. In addition, the firearms training does not make a student eligible to obtain a "carry concealed weapon" permit.

Applicant Name: _____
Printed

Signature: _____ Date: _____

Witnessed by _____
Printed

Signature: _____ Date: _____

RETURN THIS FORM WITH APPLICATION