



Sheriff Jared F. Miller
Wakulla County Sheriff's Office
15 Oak Street, Crawfordville, FL 32327
Office Phone (850)745-7100

CITIZEN'S ACADEMY APPLICATION

(Must be 18 or older to apply)

NAME: _____ DATE: _____

ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP _____

RACE: _____ MALE: _____ FEMALE: _____ BIRTHDATE: _____ SS# _____

EMAIL ADDRESS: _____

DRIVERS LICENSE # _____ STATE _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYED BY: _____

PHYSICAL CONDITION: (check one) EXCELLENT GOOD FAIR POOR

WHY DO YOU WISH TO ATTEND THE CITIZEN'S ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN'S ACADEMY?

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? No Yes (If yes, 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 the WCSO to conduct a background inquiry with the Department of Law Enforcement and make a determination of eligibility for the Citizen's 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: _____



Sheriff Jared F. Miller
Wakulla County Sheriff's Office
Citizen's Academy

Waiver, Release, and indemnification

The **Wakulla County Sheriff's Office (the "SHERIFF")** conducts a course known as the "Citizen's Academy", open to local citizens in which citizens are exposed to all major aspects of the operations of the **Wakulla County Sheriff's Office**. The **SHERIFF** conducts classes and demonstrations at the Sheriff's Office complex, which is located at 15 Oak Street, Crawfordville, Florida. in consideration for the privilege and benefits to be derived from participating in the Citizen's Academy, the **SHERIFF** is requiring all participants therein to execute this waiver, release and indemnification.

Participation in the Citizen's Academy class sessions may involve physical activities such as, but not limited to, lifting, walking, interaction with other participants, effects of the weather, the physical conditions of the facilities features and equipment thereon, together with the inherent risk of being in close proximity to the utilization of various items of equipment used by law enforcement personnel. Participant expressly assumes these and all other risk arising in any way out of Participant's participation in Citizens Academy activities; including any transportation provided to, from and between such activities. Participant represents and warrants him/herself to be physically fit and able to participate in such activities and agrees to stop and request assistance if experiencing any symptoms or 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 Citizen's Academy class times, the privilege of their own 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 the Participant's, self, heirs, executor and assigns, Participant does here by waive and personally assumes any and all risk and liability for damages, losses, personal injuries or death which Participant might suffer, sustain or cause while participating in any activities of the Citizen's Academy and Participant does hereby release and forever discharge the **WAKULLA COUNTY SHERIFF'S OFFICE, SHERIFF JARED MILLER** and his deputies, officers, agents, employees representatives and other personnel (in their individual capacities), the County of Wakulla County, or any other premises/ facility utilized by the SHERIFF for The Citizen's Academy activities 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 for all damages, attorney's fees and cost which may be incurred in defending an such demands, claims, actions and the like.

Witnesses:

(Two Witnesses please)

Signature _____

Printed Name _____

Signature _____

Printed _____

Your Signature:

Signature _____

Printed Name _____

Address: _____

Date _____