

Sheriff Eric Flowers

Indian River County Sheriff's Office

CITIZENS ACADEMY APPLICATION

Name:		Date:	
Address:			
Date of Birth:	Email Addres	Email Address:	
Driver's License Number:		State:	
Gender:	Race:		
Last 4 digits of SSN:	Any previous names used:		
Home Phone:	Work Phone:	Cell Phone:	
Occupation:	Employer: _		
Why do you wish to attend	d the Citizen's Academy:		
How did you hear about the Have you ever been arrest	,	o Yes (If yes, explain.)	
the above information is requir	_	true and accurate representation and that all of a background inquiry with the Department of Citizen's Academy.	
Signature:		_	
Mail applications to: 4055 41st S	Street, Vero Beach, FL 32960 ATTN	: Community Affairs	
For additional information, call	(772) 539-1367 / www.ircsheriff.o	rg.	

INDIAN RIVER COUNTY SHERIFF'S OFFICE CITIZEN'S ACADEMY WAIVER, RELEASE AND INDEMNIFICATION

The INDIAN RIVER COUNTY SHERIFF'S OFFICE (the "SHERIFF") conducts a course known as the "Citizen's Academy". Participants are exposed to all major aspects of the operations of the INDIAN RIVER COUNTY SHERIFF'S OFFICE. The SHERIFF conducts classes on and off the premises of the INDIAN RIVER COUNTY SHERIFF'S OFFICE, including, class sessions at the Indian River County Correctional Facility. In consideration for the privilege and benefits to be derived from participating in the Citizen's Academy, all participants are required to execute this waiver, release and indemnification.

Participation in the Citizen's Academy class sessions may involved physical activities including, but not limited to, lifting objects of varying weight, walking, riding in a vehicle, the discharge of firearms and will include risks such as falls, interaction with other participants, effects of weather, the physical conditions of the facilities and 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 Citizen's 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 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 all Citizen's Academy class times, 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, and Participant's heirs, executors and assigns, Participant does hereby waive and personally assumes 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 Citizen's Academy and Participant does hereby release and forever discharge the INDIAN RIVER COUNTY SHERIFF'S OFFICE, SHERIFF ERIC FLOWERS and his deputies, officers, agents, employees, representatives and other personnel (in their official and individual capacities), the County of Indian River, Florida, or other premises and facilities utilized by SHERIFF for Citizen's Academy activities (collectively, the "Releases") 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 above-referenced activities, and Participant hereby holds harmless and agrees to indemnify Releases for all damages, attorney's fees and costs which may be incurred in defending any such demands, claims, or any other action in law or equity.

PARTICIPANT:	NO NOTARY REQUIRED
Signature:	
Printed Name:	
Address:	
WITNESS:	
Signature:	
Printed Name:	
Address:	
WITNESS:	
Signature:	
Printed Name:	
Address:	

