



## DAKOTA COUNTY SHERIFF'S OFFICE CITIZEN ACADEMY APPLICATION AND WAIVER OF LIABILITY

Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_  
(must be 18 years of age or older)

Address: \_\_\_\_\_  
(Street address/apartment #)  
\_\_\_\_\_  
(City/State/Zip)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

In Case of Emergency, Please Notify \_\_\_\_\_  
Name Phone Relationship

### WAIVER AND RELEASE OF LIABILITY:

I hereby expressly agree that my participation in the Dakota County Sheriff's Office Citizen Academy is for my own personal enjoyment and education and that I am not in any way required to participate in this activity. I agree that while I am participating in this activity, I am not working for Dakota County and I am not acting within the course and scope of employment with Dakota County.

I hereby expressly agree that my participation in this activity is at my own risk. I do hereby release and forever discharge Dakota County and the Dakota County Sheriff's Office, and its officers, employees, and agents from any and all claims, demands, actions, causes of action, judgments, expenses and costs sustained or incurred in connection with, or as a result of, my participation in this activity, including claims of injury or death.

I hereby agree to indemnify and hold harmless Dakota County and the Dakota County Sheriff's Office, its officers, employees and agents from any and all claims, demands, actions, courses of action, judgments, expenses, and costs it may incur by virtue of my participation in this activity, whether asserted or claimed by me or on my behalf or by any third party.

This Waiver and Release will be governed by the laws of the State of Minnesota.

I have carefully read this waiver and release. I understand and voluntarily agree to be bound by its provisions.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Applications must be returned by March 26, 2025. Completed applications  
can be emailed to [DCSORrecords@co.dakota.mn.us](mailto:DCSORrecords@co.dakota.mn.us)**

Permission hereby is granted to the above-named party and whose signature is affixed to this form to participate in the Dakota County Sheriff's Office Citizen Academy.

Dated this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

Approved by:

\_\_\_\_\_  
Matt Wayne

**YOU WILL BE NOTIFIED OF YOUR  
ACCEPTANCE INTO THE ACADEMY PRIOR  
TO THE FIRST CLASS DATE.**

**Dakota County Sheriff's Office**  
**Joe Leko, Sheriff**

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**Authorization to Obtain Driver's  
License and Criminal History Data**

1580 Highway 55  
Hastings, MN 55033-2372  
Phone: (651) 438-4700

The Dakota County Sheriff's Office requests the following information in order to determine if you have been convicted of crimes, which directly relate to the position you seek with the Dakota County Sheriff's Office. Your signature on this form authorizes the Dakota County Sheriff's Office to conduct a search of your record for any driver's license and criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Dakota County Sheriff's Office whose job duties reasonably require access. Additionally, access to this information will be released without your consent if required by court order or authorized by other state or federal law.

Please provide us with the information requested below. Please print.

Last Name	First Name	Middle Name

List previous names : _____	Date of Birth: _____
_____	_____
_____	_____

Gender: ☐ Female    ☐ Male                      Race/Ethnicity: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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I certify the above information to be true and accurate to the best of my knowledge

Signature	Date
Parent/Guardian Signature	Date
<small>(if under 18 years of age)</small>	