



**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 Friday, March 8, 2019, to the Dakota County Sheriff's Office, Attention Captain Daniel Bianconi, 1580 Highway 55, Hastings, MN 55033, or emailed to DCSRecords@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:

Chief Deputy

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