



OFFICE OF THE SHERIFF
Moss Justice Center
1675-2A York Highway
York, South Carolina 29745-7430
Tel: (803) 628-3059 Fax: (803) 628-3075

KEVIN R. TOLSON
Sheriff

CITIZEN'S ACADEMY APPLICATION

DATE: _____ HOME PHONE: _____
NAME: _____ WORK PHONE: _____
ADDRESS: _____
STREET CITY STATE ZIP
RACE: ___ SEX: ___ SOC. SEC. # _____ BIRTHDATE: _____
OCCUPATION: _____ EMPLOYED BY: _____
PHYSICAL CONDITION: (check one) ___ EXCELLENT ___ GOOD ___ FAIR ___ POOR
WHY DO YOU WISH TO ATTEND THE CITIZEN POLICE ACADEMY?

HOW DID YOU FIRST HEAR ABOUT THE CITIZEN POLICE ACADEMY?

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? ___Y ___N (If yes, explain)
(Please include PTI or expungements.)

GIVE THE NAMES ADDRESSES & PHONE # OF TWO CHARACTER REFERENCES:

1. _____ 2. _____

PH# _____ PH# _____

By my signature below I acknowledge the above information is a true and accurate representation and that **all of the above information is required** for the YCSO to conduct a background inquiry with the Department of Law Enforcement.

SIGNATURE: _____

Applications may be mailed or delivered to: York County Sheriff's Office
1675-2A York Hwy
York, SC 29745
For additional information call (803)628-3059 or
Visit us at www.yorkcountysheriff.com

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

The Citizen's Academy is conducted by the YORK COUNTY SHERIFF'S OFFICE. The Citizen's Academy exposes participants to major aspects of the operations of the YORK COUNTY SHERIFF'S OFFICE. Classes are conducted at the York County Law Enforcement Training Center, the Moss Justice Centers, and other locations. In consideration for the privilege and benefits to be derived from participating in the Citizen's Academy, the SHERIFF requires all participants therein to execute this waiver, release, and indemnification.

Participation in the Citizen's Academy may involve physical activities such as, but not limited to, lifting, walking, riding in motor vehicles, and discharging firearms. Associated risks may include, but are not limited to falls, interaction with other participants, effects of weather, the physical conditions of the facilities, and features and equipment located thereon, the inherent risks of being in close proximity to the discharge of firearms and the utilization of equipment and weaponry used by law enforcement personnel.

I, _____, understand that there is a risk of injury from participation in Citizen's Academy activities, including any transportation provided to, from, and between such activities. I represent and warrant myself to be physically fit and able to participate in such activities, and I agree to stop and request assistance if I experience any symptoms or other conditions that would make it difficult or unsafe to continue; further understanding that I am solely responsible for my own health and safety. I understand that the privilege of participating in the Citizen's Academy will be governed by the SHERIFF (inclusive of SHERIFF'S deputies, officials, representatives, and employees) and I will abide by and follow any and all directions given by such SHERIFF'S personnel.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.

I, for myself and on behalf of my heirs HEREBY RELEASE AND HOLD HARMLESS THE YORK COUNTY SHERIFF'S OFFICE, THE COUNTY OF YORK, SC, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES OR OTHER PREMISES AND FACILITIES UTILIZED BY SHERIFF FOR CITIZEN'S ACADEMY ACTIVITIES, (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

WITNESSES:

(Two witnesses, please)

Signature _____

Printed Name _____

Signature _____

Printed Name _____

YOUR SIGNATURE

Signature _____

Printed Name _____

Address: _____

Date: _____