



Cuyahoga County  
Together We Thrive



Sheriff's Department

### CUYAHOGA COUNTY SHERIFF'S DEPARTMENT CITIZENS ACADEMY APPLICATION

NAME:		DATE OF BIRTH:	
SEX: M F		SSN:	
STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		E-MAIL:	
EMPLOYER:		DRIVER'S LICENSE #:	
EMPLOYER ADDRESS:		SHIRT SIZE:	
ORGANIZATION(S) / CLUB(S) / YOU ARE AFFILIATED WITH:			

#### PLEASE ANSWER THE FOLLOWING QUESTIONS

How did you hear about the Sheriff's Department Citizens Academy?

Why do you wish to attend the Sheriff's Department Citizens Academy?

What is your perception of the Cuyahoga County Sheriff's Department?

Have you ever been convicted of a crime?  
If YES, please provide details:

Do you have any special needs that require accommodation in order for you to participate?  
If YES, please provide details:

**PLEASE PROVIDE THE FOLLOWING EMERGENCY/MEDICAL INFORMATION:**

LIST ANY FOOD ALLERGIES OR OTHER PERTINENT MEDICAL INFORMATION THAT MAY IN CASE OF ANY EMERGENCY:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT ADDRESS:

EMERGENCY CONTACT PHONE:

EMERGENCY CONTACT ALT PHONE:

**PLEASE LIST TWO CHARACTER REFERENCES WHO ARE NOT FAMILY MEMBERS:**

NAME:

STREET ADDRESS:

ZIP:

PHONE:

ALT PHONE:

NAME:

STREET ADDRESS:

ZIP:

PHONE:

ALT PHONE:

**PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.**

I, \_\_\_\_\_,  
in consideration of being permitted to participate in the Cuyahoga County Sheriff's Department  
Citizens Academy, hereby acknowledge and agree as follows:

I fully understand the actual and potential hazards and risk of personal injury, including death, and that I am subjecting myself to those risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of Cuyahoga County, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand these risks.

I understand that I may be riding in a vehicle owned and operated by the Cuyahoga County and its Sheriff's Department and that may include accompanying deputies of the Cuyahoga County Sheriff's Department on calls and on their normal tasks, duties, and responsibilities, which can place myself and others at risk of harm, including serious bodily injury and even death. I fully understand these risks.

I fully understand all risks including but not limited to those risks set forth above, and I voluntarily assume all risks, hazards, and losses that I might incur without liability by Cuyahoga County and its respective officers, deputies, agents, and employees (all such parties collectively referred to as the "Public Authorities") for any injury, death, property damage, or other loss that might occur in connection with or resulting from my participation in this Citizens Academy.

I understand that I may participate in visiting a firing range with live ammunition on a firing range. I understand that others may also be present at the firing range and firing weapons. I understand that a firearm is a lethal weapon and being a participant in activities on the firing range involves certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of Cuyahoga County, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. These risks may include shooting, maiming and/or killing myself or another and/or being shot, maimed or killed by another. I fully understand the risks.

I understand that my involvement in any and all activities is entirely voluntary and I freely choose to participate and I forever waive any right to make claim to or to sue the Public Authorities or any of them for any such injury, damage or loss, and release and forever discharge the Public Authorities from all claims, actions, causes of action, liability or demands for damages I may now have or hereafter acquire against any of them on account of injuries, death, damages, or other losses sustained by me arising out of my participation in the Citizens Academy.

I further agree specifically that I will indemnify, save and hold harmless the Public Authorities, from any loss, claim, liability, action or proceeding of every kind and character that may be presented or initiated directly or indirectly as a result of my participating in the activities of the Citizens Academy.

I acknowledge that Cuyahoga County does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in these activities.

Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

Fully understanding the risks involved and the opportunity I am being afforded and by my signature on page three (3) of this agreement, I agree to the following Release, Waiver of Liability and Indemnification:

**RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION**

**IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE CITIZENS ACADEMY, I HEREBY WAIVE AND RELEASE CUYAHOGA COUNTY, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN THE CITIZENS ACADEMY. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE CITIZENS ACADEMY, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND CUYAHOGA COUNTY, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN THE CITIZEN ACADEMY.**

**I acknowledge that I have read this three (3) page release, waiver of liability, and indemnification agreement without reliance upon any statement or representation made to the effect that I will not be injured or damaged or that measures will be taken to reduce or eliminate the likelihood of injury to me, and that I fully understand it, and sign the same as my own voluntary act.**

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NAME OF PARTICIPANT

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SIGNATURE OF PARTICIPANT

**Please e-mail completed application to Christopher Harris at [cbharris@cuyahogacounty.us](mailto:cbharris@cuyahogacounty.us) or mail to:**

Cuyahoga County Medical Examiner's Office  
c/o Christopher Harris  
11001 Cedar Avenue  
Cleveland, OH 44106