



CARROLL COUNTY SHERIFF'S OFFICE

1000 NEWNAN RD • CARROLLTON • GA • 30116
(PHONE) 770-830-5916 • (FAX) 770-830-5309

SHERIFF TERRY E. LANGLEY

CITIZEN'S ACADEMY APPLICATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Employer: _____

Business Address : _____

Work Phone: _____ U.S. Citizen ? _____

Organization(s) with which you are involved and any awards or recognition you have received: (i.e. Boy Scouts, Civic Clubs, Fraternal, etc.)

Why do you wish to attend the Citizen's Academy? _____

How did you hear about the Citizen's Academy? _____

Have you ever been arrested / convicted of a crime? If so, explain _____

Criminal History Records Checks will be conducted on all applicants

I hereby authorize the Carroll County Sheriff's Office, by signature or email conveyance of this document, to receive any Georgia Criminal History Records Information pertaining to me which may be in the files of any State or Local Criminal Justice Agency. This information is for internal review only.

Full Name _____

Date of Birth: _____ Social Security # _____ Sex _____ Race _____

Signature: _____ Date: _____

(For the purpose of this background check the applicant authorizes an email to substitute in lieu of a signature until such time as an actual signature may be obtained)

Notice to Applicants

Participants must be residents of Carroll County, business owners, or otherwise have a vested interest in the County. Participants will be chosen at the discretion of the Sheriff Office, and representing a cross section of the community. Participants must be at least 18 years old.

Please complete the following online form and e-mail, it to callen@carrollsheriff.com or you may print and mail to:

Carroll County Sheriff's Office
Attn: Corey Allen
1000 Newnan Rd
Carrollton, GA 30116

E-mail callen@carrollsheriff.com

You may also deliver it in person during normal office business hours (8:30 -5:00pm).

CARROLL COUNTY SHERIFF'S OFFICE

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in the firearms safety class, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Carroll County Sheriff's Office, The Sheriff, its deputies, employees and/or instructors **from liability for any and all claims including the negligence of** The Carroll County Sheriff's Office, The Sheriff, its deputies, employees, and/or instructors, resulting in personal injury, accidents, illnesses (including death), and property loss arising from, but not limited to, the participation in the firearms safety class.

Furthermore I agree that I will not, nor will anyone acting on my behalf by or through me, bring or maintain any suit in court to assert any claim against The Carroll County Sheriff's Office, The Sheriff, its deputies, employees, and/or instructors for any claim that I might have arising out of my participation in the firearms safety class.

Assumption of Risk: Participating in The Firearms safety class may or may not include **Live-Fire** exercises, participating in any firearms safety class may involve the risk of personal injury or death and I voluntarily assume those risks.

I have read the previous paragraphs and I know, understand, and appreciate the risks involved in my participating in the firearms safety class. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to **Indemnify and Hold** The Carroll County Sheriff's Office **Harmless** from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in The Firearms safety class and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver, and assumption of risk agreement, is intended to be as broad and inclusive as is permitted by the law of the state of Georgia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.**

I acknowledge that I am signing the agreement freely and voluntarily, and **intended by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

I also affirm that I am at least 18 years of age and can legally possess a handgun.

Participant's Full Name (Please Print)

Participant's Signature

Date

Instructor/Witness

Date