



Corinth Police Department &
Lake Cities Fire Department
CITIZEN PUBLIC SAFETY ACADEMY
Application

Name: _____ Phone:(____) _____ Date: _____,20____

Address: _____ City: _____ State: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Driver's License State/Number: ____/_____

Business Address: _____

Business Phone: _____ Occupation: _____

Cellular Phone: _____ Email Address: _____

Have you ever been arrested? If "yes," please give specific details (i.e., Where When and Why)

I understand by enrolling in the Citizen Public Safety Academy, I am subject to a background check, which includes a check of any arrest record, driving record, and/or other criminal history.

Signature of Applicant

Date

Please give the name, address, and phone number of **two**-character references:

1)

2)

Return the **completed application**, **indemnification agreement**, and a **color photograph** to:

Corinth Public Safety Academy

Attn: Captain Jesse Hunter

3501 FM 2181, Suite A

Corinth, Texas 76210

*Or email it to: Jesse.hunter@cityofcorinth.com

**RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT FOR CITIZEN
POLICE ACADEMY CLASS**

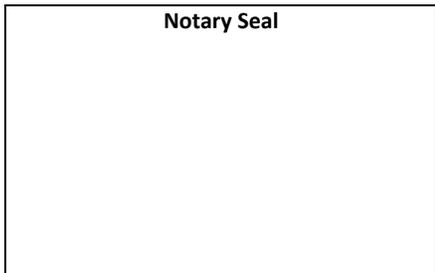
In consideration for the acceptance of my registration as a participant in the City of Corinth Citizen Public Safety Academy Class, and with the understanding that my participation is only on condition that I enter into this agreement for myself, my heirs, and assigns, I hereby assume the inherent and extraordinary risks involved in the class and all other risks, inherent and extraordinary risks involved in the class and all other risks, inherent in any other activities conducted with this class in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents that may occur as a result of my participation and release from liability the City of Corinth, each of its officers, directors, agents, representatives, employees and all other persons and entities associated with the class. I hereby waive any claim I may hereafter have as a result of any and all injury to my person or property due to my participation in the class and in any other activities connected with this class in which I may voluntarily participate. I hereby agree to indemnify all the above-named persons for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been injured or damaged due to my participation in the class.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE. I AM
LAWFUL AGE AND LEGALLY COMPETENT TO MAKE THIS AGREEMENT.**

Signature of Applicant

Printed Name of Applicant

Date



Sworn and signed before me, on the _____ day of _____ 20 _____

In and for _____ County, in the state of _____

Signature of Notary _____

Printed Name of Notary _____

My Commission Expires _____