



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

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

Address: _____

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

Corinth Public Safety Academy

Attn: Sergeant Ryan Brock

3501 FM 2181, Suite A

Corinth, Texas 76210

***Or email: ryan.brock@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 accident which 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 as a result of 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 as a result of 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

Date

SUBSCRIBED and SWORN to before me this _____ day of _____, _____.

_____, Notary Public
Denton County, State of Texas

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