



UTAH COUNTY SHERIFF'S OFFICE

SHERIFF

MICHAEL L. SMITH

APPLICATION FOR TEACHERS ACADEMY

Personal Information

Date _____

Name: _____

Date of Birth _____

Address: _____

City: _____ St: _____ Zip: _____

School District _____ School _____ Grade You Teach _____

Phone #: _____ Email address: _____

Are you 18 years of age or older? Y ___ N ___

Do you have a valid Utah Driver License? Y ___ N ___ Driver License#: _____

Do you currently possess a Utah Concealed Carry Permit? Y ___ N ___

Do you own a pistol to use on range day? Y ___ N ___ If yes what caliber? _____

T-Shirt Size Men's _____ Women's _____

Have you ever been convicted of a Felony? Y ___ N ___

If yes, please explain:

***Registration fee \$20. Please make checks to: Utah County Sheriff's Honorary Colonels**



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TEACHERS ACADEMY BACKGROUND CHECK WAIVER

Participants in the program will have some access to secure areas of the Utah County Sheriff's Office and use of Utah County-owned equipment including vehicles and weapons on a supervised basis. As an applicant for the Utah County Sheriff's Teachers Academy, I recognize that a general background check may be conducted for wants or warrants including criminal history information. I hereby give my permission for officers, agents or designees of Utah County Sheriff's Office to perform these records checks for the sole purpose of maintaining the safety and security of the Utah County Sheriff's Office as well as the public. I understand that any information obtained will not be used for any purpose other than to maintain the integrity of the program and not in connection with any criminal investigation.

Dated this _____ day of _____, 20_____

Signature of Applicant



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TEACHERS ACADEMY WAIVER

I agree to release and hold harmless Utah County, Utah County Sheriff's Office and Utah County Sheriff's Honorary Colonels, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from the cost of any medical care that I receive while participating in, or as a result of the Teacher's Academy.

I further agree to release and hold harmless Utah County, Utah County Sheriff's Office and Utah County Sheriff's Honorary Colonels, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me arising out of any and all activities associated with my participation in the Teacher's Academy.

I further agree to hold harmless, and hereby release the above-mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, to treat me for any emergency medical aid, anesthesia, and /or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ALL OF MY PARTICIPATION IN THE TEACHER'S ACADEMY SPONSORED BY THE UTAH COUNTY SHERIFF'S OFFICE. I UNDERSTAND I AM SUBJECT TO A CRIMINAL HISTORY BACKGROUND CHECK AND GIVE THE UTAH COUNTY SHERIFF'S OFFICE AUTHORITY TO CONDUCT A CRIMINAL HISTORY CHECK.

NAME OF PARTICIPANT _____ DATE _____

PARTICIPANT SIGNATURE _____