



## 2016 MULTI-JURISDICTIONAL LAW ENFORCEMENT EXPLORER ACADEMY



**All questions must be answered. If something does not apply please indicate N/A.**

**Note:** If there are any un-answered questions on this application the application, will be **rejected**.

Applicant Name: _____			
Last (Jr, II, III, etc.)	First	Middle (Full)	
Shirt size: S M L XL XXL (Please circle one)			
Date of Birth: _____ Race: _____ Sex: _____ (M/F)			
Address : _____			
		City, State	Zip Code
Phone: _____			
Home	Cell	Other	
Current School attending: _____		Grade: _____	
Previous School attended: _____			
Applicant E-Mail Address: _____			
Previously arrested: Yes or No (Circle One) If so, for what? _____			
Currently a member of Explorer Post? Yes or No (Circle One) If so, which agency? _____			
Primary Emergency Contact: (Parent or Guardian)			
_____			
Name	Relationship	Phone 1	Phone 2
Secondary Emergency Contact:			
_____			
Name	Relationship	Phone 1	Phone 2
List any medical conditions: (i.e. asthma, diabetes, etc) – [Or inform an Explorer Advisor prior to start of academy]: _____			
The application must be mailed to Officer Janie Staples-SRO, 1300 1 <sup>st</sup> Avenue North, St. Petersburg, FL 33705. The application must be post marked by July 1, 2015. Include the \$25 with the application to reserve your position. There are only 45 positions. Cash or checks are accepted. Checks made payable to St. Petersburg Police Explorer Post #980.			

**Requirements:** Open to young men and women between the ages of 14-18 years old -- Cost \$25 for academy -- Pass a background check -- Currently enrolled and attending high school in Fall 2015 -- Complete the application and postmarked by **July 1**--Ability to perform physical exercises -- Hold harmless agreements and photo/media release will all be required -- Lunch will only be provided on Friday (Graduation day) -- Shuttles from certain locations are available.  
**Must also complete:** City of St. Petersburg: Resident/Non-Resident Program Registration Application (see separate attachment)

**Official Use Only:**  
**Received:** \_\_\_\_\_  
**Payment:** Cash Check  
**Background check:** Fail Pass  
**Informed of Status:** Yes No

**Release and Hold-Harmless Agreement for participation in the  
2016 Multi-Jurisdictional Law Enforcement Explorer Academy**

I \_\_\_\_\_, am the Parent or Legal Guardian of \_\_\_\_\_, and consent to my son/daughter's participation in the Multi-Jurisdictional Police Explorer Academy of the City of Pinellas Park Police Department, City of St. Petersburg Police Department, Pinellas County Sheriff's Office, City of Gulfport Police Department in Pinellas County, Florida. This program and training is for the purpose of educational benefit. I understand and agree that my son/daughter will be subject at all times to all instructions, orders and commands given to him/her by the officer or officers in command of the activities he/she may be participating in. I fully understand and appreciate the basic nature of law enforcement work and the possibility that situations may arise that may result in my son/daughter being exposed to the danger of physical harm or injury, including motor vehicle accidents and injury resulting from and training in defensive tactics, traffic control with practical exercises, building clearing, water survival techniques and officer survival training to include simmunition rounds. I understand freely and voluntarily accept these risks.

WHEREFORE, in consideration of the participation of my son/daughter in the Academy and his/her receipt of the educational benefits of the Academy, I hereby agree to release and to hold harmless the City of Pinellas Park, City of St. Petersburg, Pinellas County Sheriff's Office, and City of Gulfport and their Officials, Officers, Agents, and employees individually and collectively harmless from all liability for personal injury or property damage my son/daughter may sustain during his/her participation in the Academy, including damages or injuries resulting from any negligent act or omission of any officer, employee or agent of any of the Agencies. I understand my son/daughter has the responsibility to buckle up in any vehicle used during the academy.

APPLICANT/EXPLORER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

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Your signature of this document must be notarized:

NOTARY  
STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledge before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (parent/guardian name) who is personally know to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

SIGNATURE: \_\_\_\_\_

NAME: (PRINTED) \_\_\_\_\_

TITLE: \_\_\_\_\_

**Media Release Form**  
**Multi-Jurisdictional Law Enforcement Explorer Academy**

I authorize the following entities:

St. Petersburg Police Department	Boyscouts of America
Pinellas County Sheriff's Office	City of St. Petersburg
Gulfport Police Department	City of Gulfport
Pinellas Park Police Department	City of Pinellas Park

and their affiliates to utilize my name, likeness, appearance, video image, or photograph for advertising, trade, informational or promotional purposes. I further understand that my appearance in any production, any proofs or prints (negatives or positives), and video shall remain the sole property of the above entities and their affiliates. I also certify that my release and authorization contained herein will not violate any pre-existing or subsequent contracts or commitments for which I am responsible or liable.

**DATE:** \_\_\_\_\_

• **I am over 18 years of age:**

\_\_\_\_\_  
(Signature of model, over age 18)

\_\_\_\_\_  
(Print name here)

• **Witnessed by:**

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Print name here)

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• ***If minor: The model appearing is under age eighteen (18), and I do sign this release under the representation of legal parent or guardian:***

\_\_\_\_\_  
(Print model's name, 18 & under)

\_\_\_\_\_  
(Signature of model)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Print parent or guardian name here)

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\_\_\_\_\_ **Check here if you choose not to participate.**

\_\_\_\_\_  
(Print model's name)

\_\_\_\_\_  
(Signature of model)

Name: \_\_\_\_\_

**Pinellas County Sheriff's Office  
Firearms Range  
Waiver of Liability and Release**

In consideration for my use of the Pinellas County Sheriff's Office's ("PCSO") firearms range, I agree to the following terms and conditions related to my use of the range:

*Initial  
Below:*

\_\_\_\_\_ I hereby waive, release, agree to hold harmless, and forever discharge PCSO, the Sheriff of Pinellas County and current and former directors, officers, deputies, employees, agents, representatives, volunteers and servants of PCSO from any and all claims, causes of action, damages, judgments or lawsuits whatsoever, whether now or in the future, that result or that may result from my use of the PCSO firearms range.

\_\_\_\_\_ I acknowledge that the use of firearms is an inherently dangerous activity, and I assume the risks of using and employing firearms or other similar products at the PCSO firearms range.

\_\_\_\_\_ I acknowledge that the study and application of firearms techniques is physically demanding and requires that I be in good physical condition.

\_\_\_\_\_ I acknowledge that I do not have any physical disability, limitation, illness, or other condition that would prohibit, interfere with or affect my safe use of firearms or the PCSO firearms range.

\_\_\_\_\_ I acknowledge that I am not under the influence of alcohol.

\_\_\_\_\_ I acknowledge that I am not under the influence of any prescription or nonprescription drugs that would influence or interfere with my safe use of the PCSO firearms range.

I will abide by the following safety rules of the firearms range:

1. ALWAYS treat every firearm as if it were loaded.
2. All weapons MUST be pointed down range at all times.
3. ALWAYS keep your finger off the trigger until you are ready to shoot.
4. Appropriate eye protection, ear protection and a ball cap (with the bill forward) MUST be worn at all times in the shooting area when firearms are being used.
5. ALL weapons brought to the Outdoor Range facility shall be carried in a safe manner, i.e., with the action open, unloaded in an appropriate case, unloaded and/or securely holstered.
6. ALL loading and unloading of the firearms shall take place on the firing line and under the direction of the firearms instructor, Range Master or Range Operator.
7. All shooting is conducted from the firing line unless authorized by a firearms instructor, Range Master or Range Operator.

8. No one is allowed forward of the firing line. If an item falls forward in front of the firing line, leave it there and notify a firearms instructor, Range Master or Range Operator.
9. In the event of a misfire or malfunction, keep the firearm pointed down range and clear the malfunction. If the firearm continues to misfire or malfunction, keep the firearm pointed down range and raise your support hand to alert a firearms instructor, Range Master or Range Operator.
10. No eating or drinking is allowed in the shooting areas of the Outdoor Range facility.
11. No horseplay, running or games shall be allowed at the Outdoor Range facility.
12. No alcoholic beverages will be permitted at the Outdoor Range facility. Anyone displaying behavior consistent with the use of alcoholic beverages or medications will not be allowed on the range.
13. Always wash hands thoroughly after handling and shooting firearms.
14. Be sure to follow all posted rules and any other range commands given verbally or in writing by the Range Master, Range Operator and firearms Instructors.

By signing this Agreement below, I affirm that I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND THE RANGE RULES.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or Guardian Consent  
(Required if under Age 18)**

I am the parent or guardian of the above-named child. I have read this Agreement, understand it, and authorize and agree to the terms of this Waiver and Release on behalf of the above-named child.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_