



2018 MULTI-JURISDICTIONAL LAW ENFORCEMENT EXPLORER ACADEMY

The Pinellas County Sheriff's Office, St. Petersburg Police Department, Pinellas Park Police Department, Gulfport Police Department, and St. Petersburg College are hosting an exciting and educational experience for the youth in Pinellas County. The academy offers youth insights into how law enforcement performs their duties and how law enforcement serves the community.

Requirements:

- Open to young men and women between ages of 14-18 years old
- Currently enrolled and attending high school in Fall 2018
- Pass a background check
- Complete the application and turn or mail in. Post marked by May 1, 2018.
- Must be in good physical and mental health. Be able to successfully perform the physical exercises
- Pack a lunch and drinks each day except graduation day
- Cost is \$50 (non-refundable) which covers Graduation Day and supplies throughout the academy
- Long pants/jeans, "plain" any color T-shirt, closed toed shoes (Gym clothes will be required on certain days)

Information:

Dates: Week 1: May 30 - June 1

Week 2: June 5 - June 8

Time: 8:30am - 4:30pm

Graduation: June 8th, 3:00pm-4:30pm

Location: St. Petersburg College – Allstate Center 3200 34th Street South, St. Petersburg

*Shuttles can be provided from different areas in Pinellas County.

*T-shirt will be provided on Graduation Day.

*Only 35 seats available

*An officer will be in contact to confirm applicant's position

Checklist:

- Application
- T-Shirt Size (mark on the application)
- Release and Hold-Harmless Agreement (Requires notarization)
- Pinellas County Sheriff's Office - Firearms Range - Waiver of Liability and Release
- Learning for Life and Exploring Annual Health and Medical Record (Parts A and B)
Note: attach a copy of the shot records
- City of St. Petersburg – Resident/Non-Resident Program Registration Application
- \$50 – non-refundable ---- see information below

Mail application, release/hold-harmless agreement, photo/media release, Pinellas County Sheriff's Office (Firearms Range) waiver, Annual Medical Record, and \$50 (non-refundable - not recommended to send cash in the mail) to:

St. Petersburg Police Department
C/O Officer Janie Staples – Training Division
1300 1st Avenue North

St. Petersburg, Florida 33705

Checks payable to: St. Petersburg Police Explorer Post #980

Contact Information:

Officer Janie Staples (727)892-5082 or Deputy Aly Towne (727)534-8016

2018 Multi-Jurisdictional Law Enforcement Explorer Academy APPLICATION

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.**

Shirt size: S M L XL XXL (Please circle one)

Applicant Name: _____
Last (Jr, II, III, etc.)
First
Middle (Full)

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: _____
 (Please write legible)

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
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Parent E-Mail Address: _____
 (This is required in order to send schedules and updates. Please write legible.)

Secondary Emergency Contact:

Name	Relationship	Phone 1	Phone 2
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Official Use Only:

Received: _____ Payment: Cash Check T-Shirt Size: _____

Background check: Fail Pass Informed of Status: Yes No

Shuttle Needed: _____ Before /After : _____

Last Name: _____ First Name: _____

**Release and Hold-Harmless Agreement for participation in the
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: _____

=====

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: _____

Last Name: _____ First Name: _____

Media Release Form
Multi-Jurisdictional Law Enforcement Explorer Academy

I authorize the following entities:

St. Petersburg Police Department
Pinellas County Sheriff's Office
Gulfport Police Department
Pinellas Park Police Department
St. Petersburg College

Boyscouts of America
City of St. Petersburg
City of Gulfport
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)

• ***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)

_____ **Check here if you choose NOT to participate.**

(Print model's name)

(Signature of model)

Last Name: _____ First 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: _____

MINOR

Female Male

Resident Non-Resident

Official Use Only Card# _____ _____

Aquatics - Official Use Only AFDC# _____ _____
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**CITY OF ST. PETERSBURG
RESIDENT/NON-RESIDENT PROGRAM REGISTRATION APPLICATION**

LAST NAME (PROGRAM PARTICIPANT)	FIRST NAME	MIDDLE INITIAL	HOME PHONE
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ADDRESS	CITY	ZIP
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SCHOOL	CURRENT GRADE	AGE	BIRTH DATE
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PERSON TO NOTIFY IN CASE OF EMERGENCY	HOME PHONE	WORK PHONE
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MEDICAL ALERT (IF APPLICABLE)

SPECIAL NEEDS (I.E. SIGN LANGUAGE, INTERPRETERS, TAPE/BRAILLE MATERIALS, READERS, ACCESSIBLE TRANSPORTATION, ETC.)

PRIMARY NATURAL GUARDIAN OR LEGAL GUARDIAN

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS	CITY	ZIP	
WORK PHONE	CELL PHONE	E-MAIL ADDRESS	FAX

SECONDARY NATURAL GUARDIAN OR LEGAL GUARDIAN

LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME PHONE
ADDRESS	CITY	ZIP	
WORK PHONE	CELL PHONE	E-MAIL ADDRESS	FAX

**RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT
FOR MINOR TO ATTEND CITY OF ST. PETERSBURG PROGRAMS**

In consideration of the attendance of _____ (hereinafter referred to as the "Minor") in any and all programs offered by the City of St. Petersburg (hereinafter referred to as the "Program"),

I/We, _____ natural guardian(s) (as defined in F.S. § 744.301 or legal guardian(s) of the Minor and the Minor hereby agree as follows:

- I hereby agree that the Minor will be at all times required to comply with all rules and regulations of the Program and of the City of St. Petersburg (hereinafter referred to as the "City") and I accept on my behalf and on behalf of the Minor full responsibility for informing myself and the Minor of any changes to those rules and regulations.
- The consideration for this Release, Waiver of Claims, Hold Harmless and Indemnity Agreement (hereinafter referred to as "the Agreement" or "this Agreement") is the attendance of the Minor in the Program, which I agree is a commonplace child oriented community supported activity, and the City's waiver of any requirement that I or the Minor carry self funded liability insurance prior to the Minor being allowed to attend the Program. I acknowledge that, absent the execution of the Agreement, the City would not have offered me or the Minor the ability for the Minor to attend the Program because of unacceptable exposure to liability claims.
- I hereby agree, personally and on behalf of the Minor, that the Minor's attendance in the Program is only granted by the City because of its understanding that in the event of injury to myself or the Minor, or damage or loss of property, that any insurance policy held by myself or for the Minor which covers such injury or loss shall be the primary source of any recovery.
- I, personally and on behalf of my heirs, personal representatives, executors and assigns, and on behalf of the Minor and the Minor's heirs, personal representatives, executors and assigns, hereby release, waive, discharge and covenant not to sue the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, (hereinafter collectively referred to as "Releasees"), of any from any and all claims, demands, actions, causes of action, judgments, costs, expenses, court costs, attorneys' fees or other damages or liability, of any nature whatsoever, including but not limited to personal injury, property damage or wrongful death, whether caused by the sole, contributory or gross negligence of Releasees, or otherwise, or whether arising out of any defect, or presence or absence of any condition in or on any City property, premises, or right of way or in any City vehicle, which against Releasees, I or the Minor ever had, now have, or can, shall, or may have, upon or by reason of, directly or indirectly relating to, or arising from, the Minor's attendance in the Program.**

5. I hereby personally, or on behalf of the Minor, voluntarily and expressly assume full responsibility for any risk of bodily injury, death, and property damage due to the negligence, whether sole, contributory or gross negligence, of any or all Releasees while the Minor attends the Program.
6. I hereby personally, or on behalf of the Minor, agree to defend at my expense, pay on behalf of, indemnify and save and hold harmless Releasees, from and against any and all claims, demands, liens, liabilities, judgments, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorneys' fees at trial and on appeal for damage to property or bodily or personal injuries, including death at any time resulting therefrom, sustained by any person or persons, which damage or injuries are alleged or claimed to have arisen out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program, including without limitation, damage or injuries alleged or claimed to have arisen out of or in connection with the Minor's negligence, whether sole, contributory or gross, whether or not the damage or injuries are alleged or claimed to have arisen in part due to any negligence of the Releasees or other third party, my intentional wrongful acts or omissions, or my failure or the Minor's failure to comply with applicable laws, rules, regulations, standards and ordinances.
7. I also agree that I am responsible for any and all damages that I or the Minor willfully, accidentally, or negligently inflict upon Releasees or third parties as a result of the Minor's attending the Program.
8. I expressly agree, personally and on behalf of the Minor, that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
9. I have read and voluntarily sign this Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.
10. **I understand that I am encouraged to seek the advice of an attorney prior to signing this Agreement, and that I have been given the opportunity to seek such counsel.**
11. I hereby give this city permission to take and use interviews, photographs, or videotapes of myself and/or the Minor for promotional and educational reasons. This publicity may include publication of the photo in publications, posters, brochures and newsletters; on the City website, radio station, or Cable TV channel; or other special district events or forms of publicity for the City. I understand there is no monetary compensation for use of these photos.
12. I hereby agree that I am the parent(s) or legal guardian(s) of the Minor and that I am fully competent and legally able to execute this Agreement on behalf of the Minor with the intent to bind both myself and the Minor by the terms hereof.
13. Should any paragraph or portion of any paragraph of this Agreement be rendered void, invalid or unenforceable by any court of law for any reason, such determination shall not render void, invalid or unenforceable any other paragraph or portion of this Agreement.
14. **INDEMNITY AGREEMENT.** I hereby personally agree to **indemnify**, defend at my own expense and pay on behalf of, the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorney's fees at trial and on appeal brought for, by or on behalf of the Minor against the City, its representatives, officers, agents, volunteers, and successors and assigns, arising out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program.
15. **NOTICE REQUIRED BY F.S. § 744.301 TO THE MINOR'S NATURAL GUARDIAN(S).** READ THIS AGREEMENT COMPLETELY AND CAREFULLY. I AM AGREEING TO LET MY MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. I AM AGREEING THAT, EVEN IF RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE MY CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS AGREEMENT I AM GIVING UP MY CHILD'S RIGHT AND MY RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. I HAVE THE RIGHT TO REFUSE TO SIGN THIS AGREEMENT, AND THE CITY HAS THE RIGHT TO REFUSE TO LET ME CHILD PARTICIPATE IF I DO NOT SIGN THIS AGREEMENT.

THIS RELEASE, WAIVER, HOLD HARMLESS AND INDEMNITY FORM MUST BE SIGNED BEFORE THE MINOR MAY ATTEND THE PROGRAM.

BY SIGNING THIS AGREEMENT YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU MUST READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.

IN WITNESS WHEREOF, the undersigned has caused this Agreement to be executed this _____ day of _____, 20_____

BY: PARENT OR LEGAL GUARDIAN OF MINOR (with legal authority to execute this Agreement on behalf of the Minor if the participant is under 18.)

(Sign) _____

(Print) _____ (Date) _____

AND

BY: MINOR (any participant under 18 years of age).

(Sign) _____

(Print) _____ (Date) _____

THIS RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT SHALL NOT BE MODIFIED, MARKED THROUGH OR CONDITIONED BY ANY ATTACHMENT OR WRITTEN COMMENTS.

*Police Department Instructions: Original to Police Department- Legal Office
Copy to Program Participant's Parent or Legal Guardian*