

WHITE COUNTY SHERIFF'S OFFICE WOMEN'S SELF-DEFENSE COURSE

APPLICATION

FOR

ENROLLMENT



Applicant's Name

Address

City, State, and Zip Code

Date of Application

How to apply:

1. On cover sheet give the name you wish to be called and your full address.
2. Fill out the application in this packet. Please answer all questions.
3. Please print or type all requested information.
4. Complete all questions in detail where explanations are necessary.

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5. Any questions not pertaining to you individually, list as "N/A".
6. If more writing space is needed throughout this application form, use blank page on back of application, listing the number of the question to be further explained.

IMPORTANT:

Please include a copy of your driver's license to verify information.

If you do not wish to answer a question in this booklet, you may choose not to do so and the application will be terminated.

Exclusive of the aforementioned statement, all information which is recorded in this application will be used only in relation to determining the suitability and qualifications of the applicant for enrollment only, and no other purpose.

The completed application should be mailed to the White County Sheriff's Office, Attn: Women's Self-Defense Course, 1210 Hulsey Rd., Cleveland, Ga 30528. The completed application can also be dropped off at the above address.

For additional information contact (706-865-6370) or email (mbennett@Whitecounty.net) Point of contact, Megan Bennett. If dropping off the application in person, notaries are available on-site should you need one.

*Thank you for your interest in this very informative and fun program
that we are proud to be able to offer*

White County Sheriff's Office

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APPLICATION

Name: _____ Date of Birth: _____
LAST FIRST MI

Name you would like to be called: _____ Sex: _____

Address: _____
Number/Street City/State/Zip

Telephone: Home : (____) ____ - _____

Other: (____) ____ - _____

Email Address: _____

Personal: Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Any physical limitations? _____

Physical limitations will not exclude you from this course. We only ask so that appropriate preparations are made for the physical portion of this course.

Employer: _____ Phone: (____) ____ - _____

Emergency Contact: _____
Name Phone # City/State

How long have you lived in White County? _____

Have you previously attended any other class or program hosted or sponsored by the
White County Sheriff's Office? YES NO

If so, please list: _____

Do you know anyone who works for the White County Sheriff's Office

If YES, Name & Phone number of person: _____

Have you ever been arrested for any offense other than traffic? YES NO

If yes, what: _____ When: _____

Where: _____

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*****THIS PAGE MUST BE NOTARIZED*****

STATE OF GEORGIA

COUNTY OF WHITE

COVENANT NOT TO SUE

WHEREAS, certain Citizens and persons having business interests in the County of White desire to participate in the Women's Self-Defense Course; and

WHEREAS, the White County Sheriff's Office desires to facilitate their participation;

NOW, THEREFORE, for good and valuable consideration, the undersigned covenants and agrees for myself, heirs and assigns, that I will not at any time make any claim or demand, nor sue or commence, nor prosecute, nor cause or allow to be prosecuted in my name, any action at law or in equity against the County or its agents and employees because of injuries, damages, or other losses sustained or resulting to me directly or indirectly as a result of my participation in any activities as a part of the Women's Self-Defense Course.

I fully understand that this covenant not to sue may be pleaded as a complete defense to any action that may be brought by me, my heirs or assigns.

I am executing this covenant freely and voluntarily.

This _____ day of _____, 20_____.

Printed Name

Signature

Notary Public

My Commission Expires: _____
(SEAL)

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PHOTOGRAPH AND VIDEO RELEASE

I grant to the White County Sheriff's Office, its representatives and employees the right to take photographs of me and my property in connection with my involvement with the Women's Self-Defense Course. I authorize the White County Sheriff's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the White County Sheriff's Office may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and internet content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____