

CITY OF HAMPTON POLICE DEPARTMENT

CHIEF Derrick Austin

TRAINING FACILITY WAIVER

The City of Hampton Police Department has been requested to allow the undersigned Lead Instructor and person(s) under their direct cognizance to use the Training Facility, including the pistol range.

With the understanding that all applicable FIREARMS SAFETY RULES must be strictly adhered to, and enforced at all times while utilizing the City of Hampton Police Department's Training Facility, pistol range, and premises, and that all Local, State, and Federal laws will be abided by;

The City of Hampton Police Department desires to accommodate this request, and all similar legitimate requests, but simultaneously desires to limit any liability the City of Hampton Police Department may have for accidents of any kind involving the undersigned occurring at the Training Facility and / or pistol range,

The undersigned desires to release the City of Hampton Police Department of all claims or causes of action which might arise out of or result from use of the Training Facility and / or pistol range and premises.

Therefore, by the signature of the requesting Instructor / person below will acknowledge the release of the City of Hampton Police Department from, and waive any and all rights in, claims, demands, actions and causes of action, which he / she may have against the City of Hampton Police Department with regard to any occurrence, accident, including but not limited to, damage to equipment of any sort used in connection with the use of the Facilities and / or pistol range, or other injury which may arise out of or be connected with the utilization of said facilities and / or pistol range and the premises, and hereby assumes all risks and liabilities for personal injury, property damage, or any other injury which may arise out of or be connected with the use of the Training Facilities and / or pistol range and premises,

Further that the City of Hampton Police Department disclaims any liability or responsibility regarding any occurrence, conduct action of the undersigned arising out of or in connection with the utilization of such facilities and / or pistol range and premises; and further that the undersigned hereby agrees to hold harmless and indemnify the City of Hampton Police Department for any and all accidents, occurrences, conduct, or actions of the undersigned and applicable persons training under the cognizance of the undersigned which may arise out of or in connection with the use of said facilities and / or pistol range and premises.

IN WITNESS WHEREOF, _____ (PRINTED NAME)

USER SIGNATURE: _____

Date/Time: _____

Witnessed by: _____

**GEORGIA BUREAU OF INVESTIGATIONS
GEORGIA CRIME INFORMATION CENTER**

CONSENT FORM (EMPLOYMENT)

I hereby authorize the Hampton Police Department to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency, including Georgia.

FULL NAME (PRINT)

ADDRESS

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

Special employment provisions (check if applicable)

Employment with mentally disabled (purpose code "M")

Employment with elder care (purpose code "N")

Employment with children (purpose code "W")

One of the following must be checked:

This authorization is valid for 90/180/ ____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.