



Citizens Academy Registration Form

NAME: _____

MAILING ADDRESS: _____

* PHYSICAL ADDRESS: _____

CELL PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

WHAT DO YOU PREFERRED TO BE CALLED? _____

SHIRT SIZE: SMALL MEDIUM LARGE EXTRA LARGE OTHER _____

PERSONAL INFORMATION

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: _____

RELATIONSHIP & PHONE NUMBER: _____

DIETARY NEEDS/ FOOD ALLERGIES: _____

PHYSICAL LIMITATIONS: _____

WHAT ARE YOU HOPING TO LEARN AND/OR GAIN FROM THIS PROGRAM?

ST. CLOUD CITIZENS ACADEMY

1. EACH SESSION BEGINS PROMPTLY AT 5:30 P.M. PLEASE ARRIVE A FEW MINUTES EARLY.
2. YOU MUST ATTEND A MINIMUM OF ATTEND A MINIMUM OF 6 OF THE 7 SESSIONS, PLUS GRADUATION ON NOV. 2.
3. PHOTOS, VIDEOTAPE, AND PARTICIPANT INFORMATION OBTAINED DURING THIS PROGRAM MAY BE USED BY THE CITY FOR ITS MARKETING EFFORTS.
4. MAKE THIS EXPERIENCE GREAT! INTERACT WITH CLASSMATES, PARTICIPATE IN ACTIVITIES AND ENJOY!

I HAVE READ AND UNDERSTAND THE "FREQUENTLY ASKED QUESTIONS" INFORMATION, AND I AGREE TO ABIDE BY THE RULES SET FORTH IN THIS REGISTRATION FORM.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

**Please return to the Communications Office, City of St. Cloud, 1300 9th St., St. Cloud, FL 34769
Return no later than Friday, July 22, 2022.
If you have questions, contact Maryemma Bachelder at 407.957-7303**

Release and Hold Harmless Agreement

Release executed on _____ by _____ of
(Date) (Applicant Name)
_____, referred to as Releaser.
(Address, city, state, zip code)

In consideration of being permitted to participate in the **Citizens Academy** activities,

(Releaser/Applicant)

for itself, its spouse, heirs, legal representatives, assigns, officials and members expressly releases, waives, discharges, and covenants not to sue the City of St. Cloud, FL, its councilpersons, agents, employees, or volunteers for loss or damage and claims for damages thereof on account of injury to persons or property or loss of life of any individual caused by the Releaser or any third parties, while the Releaser is participating in the **Citizens Academy** activities.

Applicant agrees to indemnify and hold harmless The City of St. Cloud, FL, its councilpersons, agents, employees, and volunteers for any loss, liability, damage or cost, of any kind, including attorney fees that the City may incur resulting from any claim or cause of action, either actual or threatened, related in any manner from the **Citizens Academy** activities.

Releaser assumes full responsibility for any risk or bodily injury, death or property damage while participating in the **Citizens Academy** activities.

Releaser further states that he or she has carefully read the above release and knows the contents of the release and signs this release as his or her own free act.

Releaser's obligations and duties hereunder shall in no manner be limited or restricted by the maintaining of any insurance coverage related to the above referenced activities.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Dated this ___ day of _____, 2022.

Applicant Signature