



handgun™

safety course

Name:

Address:

Phone: _____

Date of Birth: ____/____/____

Driver License Number/ State: _____/_____

By signing this form, you give permission for Russellville Police Department to perform a background check to ensure you have never been convicted of a Felony in any state. If you have been convicted of a Felony you will not be allowed to participate in this course. You also understand you must be 18 years of age to participate in this course. You will also Hold Harmless, The City of Russellville, Russellville Police Department, Franklin County Sheriff Department, Franklin County Commission, all employees, and or representatives thereof, from any liability due to injury, damage, or loss of life, or property.

Signed: _____

Please return this form to:

Russellville Police Department
P.O. Box 1000
Russellville, Alabama 35653

RUSSELLVILLE POLICE DEPARTMENT

"To Serve and Protect"

Post Office Box 1000 - Russellville, Alabama 35653

(256) 332-2230 Fax (256) 332-8718

www.russellvillepd.org

CHRIS HARGETT

Chief of Police

JAKE TOMPKINS

Administrative Captain

HOLD HARMLESS & AND RELEASE FROM LIABILITY

AGREEMENT

I, _____, the undersigned, hereby indemnify and save harmless the City of Russellville, Mayor, City Council members, and Chief of Police jointly and severally as the governing body and as elected officials, and employees of the City of Russellville, jointly and as individuals, of any and all fines, suits, claims, demands, and actions of any kind or nature, for any personal injury, loss, cost, damage or expense caused to me, person or property resulting from my riding in any city-owned vehicle or equipment prior to my employment with the City of Russellville.

Name Printed: _____

Signed: _____

Date: _____