

Jackson County Sheriff's Office

Janis G. Mangum, Sheriff
555 Stan Evans Drive
Jefferson, Ga. 30549
706-367-8718



Citizen's Firearms Safety Class Application

"Working Together To Promote Safety"

Please read and keep the Information Sheet that is attached to this packet/application!

Citizen's Firearms Safety Class

Jackson County Sheriff's Office
Janis G. Mangum, Sheriff

Waiver of Liability

Whereas, I

Name:

Address:

Phone:

Have made a voluntary request on my own initiative to participate in the Citizen's Firearms Safety Class of the Jackson County Sheriff's Office, Jefferson, Georgia;

Now, therefore in consideration of the County of Jackson in Jefferson, Georgia allowing me to participate in the Citizen's Firearms Safety Class and in consideration of the Jackson County Sheriff's Office permitting me to use their facility, the validity, sufficiency, and receipt of which consideration is acknowledged, I do hereby, for myself, my heirs, executors, and administrators, remise, release and forever discharge the County of Jackson, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (herein after County of Jackson) from any and all claims, actions, demands, or causes of action, on account of my death or on account of my personal injury or damage to my personal property which may occur, regardless of whether or not said harm or injury occurs through negligence, malfeasance, on the part of the County of Jackson, or whether said harm or damage occurs through acts of a person not employed by the County of Jackson.

I **ACKNOWLEDGE** that I am aware that participating in the Citizen's Firearms Safety Class can be dangerous and result in property damage, serious bodily injury, or death. I **ASSUME THE RISK** of all injuries that may occur as a result of my being permitted to participate in the Citizen's Firearms Safety Class.

I **ACKNOWLEDGE** that my participation in the Citizen's Firearms Safety Class is strictly voluntary on my part, is solely for my personal benefit, and is in no way related to any employment I may have/have had with the County of Jackson.

I **ACKNOWLEDGE** that my participation in the Citizen's Firearms Safety Class may cause me to view possibly graphic and/or hazardous emergency photographs of scenes, and I agree to abide by all rules and instruction provided to me by Jackson County Sheriff's Office personnel.

I **ACKNOWLEDGE** and **UNDERSTAND** that I will not engage in, perform, or interfere with any life threatening emergency activities I may observe during my participation in the Citizen's Firearms Safety Class. I further acknowledge that I am solely responsible for any medical or other expenses resulting from accidents, injuries, or illnesses that I may incur or be exposed to during my participation in the Citizen's Firearms Safety Class.

I **AGREE** to abide by all instructions given to me while participating in the Citizen's Firearms Safety Class and I **ASSUME RESPONSIBILITY** for my failure to abide by those instructions.

During the Citizen's Firearms Safety Class, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Jackson County Sheriff's Office, The State of Georgia, and or other agencies. I **agree that I will not release ANY information, or items obtained by me or that I may become privy to in the course of my participation in the Citizen's Firearms Safety Class.**

I **HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS** the County of Jackson from and against any and all liability, loss, cost or expense (including attorneys' fees) arising from or in any matter connected with being permitted to participated in Citizen's Firearms Safety Class.

I **HAVE READ AND UNDERSTAND THIS AGREEMENT AND BY SIGNING IT I VOLUNTARILY INTEND TO RELEASE AND INDEMNIFY THE COUNTY OF JACKSON, GEORGIA FROM ANY AND ALL LIABILTY FROM PERSONAL INJURY OR PROPERTY DAMAGE THAT RESULTS FROM MY PARTICIPATION IN THE CITIZEN'S FIREARMS SAFETY CLASS.**

Date

Signature

Witness

CITIZEN'S FIREARMS SAFETY CLASS

JACKSON COUNTY SHERIFF'S OFFICE

JANIS G. MANGUM, SHERIFF

APPLICATION FOR ENROLLMENT

Name _____

Address _____

Email: _____

Phone: Home _____ Work: _____ Cell: _____

D.O.B. _____ Driver's License Number _____ State _____

How long have you lived in Jackson County? _____

How did you hear about the Citizen's Firearms Safety Class? _____

Are you committed to attend the entire class including the range? _____

Have you ever been arrested? _____

****This class size is limited so therefore it is intended for applicants with LITTLE or NO KNOWLEDGE about the handling and safe use of a firearm. If you are proficient with a handgun we ask you be considerate of those who are not and please save the space for our citizens who may need the class in order to better protect themselves. THIS IS NOT A FREE-RANGE OPPORTUNITY. ** THIS CLASS IS FOR JACKSON COUNTY RESIDENTS****

Type of Handgun you will be using at the range portion of the class:

Make: _____ **Caliber:** _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Jackson County Sheriff's Office is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Firearms Safety Class.

Signed _____ Date _____

For Official Use Only _____

CITIZEN'S FIREARMS SAFETY CLASS

JACKSON COUNTY SHERIFF'S OFFICE

Janis G. Mangum, Sheriff

555 Stan Evans Drive

Jefferson, Ga. 30549

AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM

I hereby authorize the Jackson County Sheriff's Office to obtain and/or receive criminal history record and history information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other state, or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and requests that the custodians of such information/records permit my records to be examined, copied or otherwise reviewed.

CRIMINAL HISTORY RECORD

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. The release is executed with full knowledge and understanding that the information is for the official use of the Jackson County Sheriff's Office in determining my suitability to attend the Citizen's Firearms Safety Class.

I hereby waive and release any claims against any party, which I may have as a result of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/ or records.

Full Name (print) _____

Signature _____ **Date** _____

Driver's License number _____ **State** _____

Complete Home Address (no P.O. Box) _____

Race _____ **Sex** _____ **Date of Birth** _____ (mm/dd/yy)

For Official Use Only: _____

Verified by _____ Date and Time _____/_____

JACKSON COUNTY SHERIFF'S OFFICE CITIZEN'S FIREARMS SAFETY CLASS

IMPORTANT INFORMATION

Please note the following:

1. Please fill out the **APPLICATION FOR ENROLLMENT** in its entirety.
Class members must be at least **21 years of age**. Applicants **CANNOT** have any felony convictions. Acceptance of applicants is at the discretion of the Sheriff and the Jackson County Sheriff's Office.
2. All applicants will be subject to a criminal history check as part of the precondition to acceptance into the academy.
3. Return the application to the Jackson County Sheriff's Office, 555 Stan Evans Drive, Jefferson, Georgia 30549. **Failure to return the application in a timely manner will result in your seat being filled by another applicant. Be considerate and mindful of those preparing for this class on your behalf. If you aren't committed don't apply.**
4. The Sheriff will have the final approval of all applicants and reserves the right to deny entry to the class to any applicant. Accepted applicants will be notified by phone and/or email.
5. The class is free of charge to all applicants. **You WILL be responsible for supplying your own ammunition.**
6. Class size is limited to 30 people.
7. Dress for class is casual. Not short shorts, halters etc.
8. The **RELEASE OF LIABILITY STATEMENT** must be signed and turned in by the applicant with the completed application.
9. The class will be held at the Jackson County Sheriff's Office Training Room and the Jackson County Sheriff's Office Firing Range. Address 555 Stan Evans Drive, Jefferson, Ga. 30549
10. Classes will be held on Saturday and begins at 8:00 am and ends at 12:00 pm or later depending on the need. **Please be on time for class.**
11. Participants will be responsible for bringing their own firearm (**HANDGUN ONLY**) Note: **DO NOT** bring more than one firearm, **NO rifles or shotguns**. **ALL** firearms must be brought **UNLOADED**. If you do not own a firearm, please contact the Sheriff's Office to make other arrangements to use a department handgun.
12. **DO NOT BRING YOUR HANDGUN TO THE CLASSROOM PORTION OF THE CLASS. PLEASE LEAVE THE HANDGUN SECURED IN YOUR VEHICLE UNTIL YOU ARRIVE AT THE RANGE.**
13. Again, participants are responsible for bringing their own ammunition to the class. Please make sure the ammunition is the correct type for your weapon. One box (50 rounds) of ammunition will suffice

Thank you and we look forward to seeing you and teaching you the fundamentals of gun safety.

JACKSON COUNTY SHERIFF'S OFFICE

JANIS G. MANGUM, SHERIFF

PHOTO RELEASE AUTHORIZATION

Permission to Use Photograph/Video

Subject: **Jackson County Sheriff's Citizen Firearms Class**

Location: **Jackson County Sheriff's Office Training Room and Range**

I grant permission to the Jackson County Sheriff's Office, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Jackson County Sheriff's Office, its officers, to use and publish the same in print and/or electronically.

I agree the Jackson County Sheriff's Office may use such photographs of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____