

# LAMAR COUNTY SHERIFF'S OFFICE

**SHERIFF BRAD WHITE**

121 Roberta Drive  
Barnesville, Ga. 30204  
770-358-5159



## CITIZEN'S FIREARMS SAFETY COURSE APPLICATION

*"Working Together To Promote Safety"*

# CITIZEN'S FIREARMS SAFETY COURSE

## LAMAR COUNTY SHERIFF'S OFFICE

BRAD WHITE, SHERIFF

### WAIVER OF LIABILITY

Whereas, I

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NAME

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ADDRESS

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HOME PHONE

WORK PHONE

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

Now, therefore in consideration of County of Lamar in Barnesville, Georgia allowing me to participate in the Citizen's Firearms Safety Course and in consideration of the Lamar County Sheriff's Office permitting me use of 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 Lamar, its employees, officers, commission staff, representatives, affiliates, and agents, acting officially or otherwise (hereinafter County of Lamar) 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 the negligence, misfeasance, or malfeasance on the part of the County of Lamar, or whether said harm or damage occurs through acts of a person not employed by the County of Lamar.

I **ACKNOWLEDGE** that I am aware that participating in the Citizen's Firearms Safety Course can be dangerous and may 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 Course.

I **ACKNOWLEDGE** that my participation in the Citizen's Firearms Safety Course 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 Lamar.

I **ACKNOWLEDGE** that my participation in the Citizen's Firearms Safety Course may cause me to view possibly graphic and/or hazardous emergency photographs of scenes, and I agree to abide by all

rules and instructions provided to me by Lamar County Sheriff's Office personnel. I agree to assume risk of any harm or injury I may receive as a result of my participation.

I **ACKNOWLEDGE** and **UNDERSTAND** that I will not engage in, perform, or interfere with any life threatening or emergency activities I may observe during my participation in the Citizen's Firearms Safety Course. 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 Course.

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

During the Citizen's Firearms Safety Course, I may gain access to information or documents of a sensitive nature, and/or information deemed confidential by the Lamar 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 Course.**

**During the period of my participation in the Citizen's Firearms Safety Course, I agree to advise the program coordinator immediately of any personal interaction I may have with any law enforcement official. This contact consists of but is not limited to; arrests, citations, being a party to an incident of report, or the object of any law-suits.**

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

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

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DATE

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SIGNATURE

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WITNESS

# CITIZEN'S FIREARMS SAFETY COURSE LAMAR COUNTY SHERIFF'S OFFICE

## APPLICATION FOR ENROLLMENT

Class# 1

10:00 A.M. to 2:00 P.M.

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_  
(P.O. Box not acceptable)

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_  
Name Address

How long have you lived in Barnesville/Lamar County? \_\_\_\_\_

How did you hear about the Citizen's Firearms Safety Course? \_\_\_\_\_

Are you committed to attend the entire class including the range? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, what was charge(s)? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

*Check all that apply:*

Resident \_\_\_\_\_ Business Owner \_\_\_\_\_ Employed by County of Lamar/City of Barnesville \_\_\_\_\_

Occupation \_\_\_\_\_

The Lamar County Sheriff's Office will make reasonable efforts to assure all persons access to any program and services. If disability requires special accommodations, please call the Lamar County Sheriff's Office Deputy Suzanne Cooper (work cell number) 706-975-5809.

*I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Lamar 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 Course.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

*For Official Use Only*

Date/Time Received \_\_\_\_\_/\_\_\_\_\_

Criminal History Check Date/Time \_\_\_\_\_/\_\_\_\_\_

Approval by: \_\_\_\_\_

# LAMAR COUNTY SHERIFF'S OFFICE - CITIZEN'S FIREARMS SAFETY COURSE

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## IMPORTANT INFORMATION

Please Note the following:

1. Please fill out the **Application for Enrollment** form in its entirety.  
Class members must be at least 18 years of age. Applicants **CANNOT** have any felony convictions. Acceptance of applicants is at the discretion of the Lamar County Sheriff's Office Sheriff.
2. All applicants will be subject to a criminal history check as a precondition to acceptance into the academy. **Deadline for the return of the application is** .  
Return application in person to the Lamar County Sheriff's Office, 121 Roberta Drive, Barnesville Ga. 30204. Once you turn in your application you will be giving a receipt indicating what order you fall in line for the class.
3. The Sheriff will have the final approval of all applicants and reserves the right to deny entry to any applicant. Accepted applicants will be notified by phone and/or mail.
4. The Course is free of charge to all members. You will just be responsible for supplying your own ammunition. Class size is limited to the twelve people.
5. Dress for class is casual. Name badges will be provided and should be worn to class.
6. Qualified applicants who are denied admission due to class size will be given first choice when the next course is scheduled.
7. The **Release of Liability Statement** form must be signed and turned in by the applicant with the completed application.
8. The location of where the class will be held will be announced at a later date.
9. Class will be held on Saturday October 26<sup>th</sup>, 2013 from 10am till 2pm with a lunch provided.
10. Please contact the Deputy Suzanne Cooper 706-975-5809 (work cell number) for any additional questions.
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 guns must be brought **UNLOADED**. Participants will also be responsible for bringing their own ammunition (30 rounds) only.

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

# CITIZEN'S FIREAMRS SAFETY COURSE

## LAMAR COUNTY SHERIFF'S OFFICE

121 ROBERTA DRIVE  
BARNESVILLE, GEORGIA, 30204

### AUTHORIZATION FOR RELEASE OF INFORMATION / CONSENT FORM

I hereby authorize the Lamar 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 county.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information 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 Lamar County Sheriff's Office in determining my suitability to attend the Citizen's Firearms Safety Course.

I hereby waive and release any claims against any party, which I may have as a result of the release 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 \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Complete home address \_\_\_\_\_  
(No P.O. Box accepted)

Home phone# \_\_\_\_\_ Work phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date \_\_\_\_\_  
Month day year

*FOR OFFICIAL USE ONLY*

*INFORMATION VERIFIED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_ / \_\_\_\_\_*

# CITIZEN'S FIREARMS SAFETY COURSE

## LAMAR COUNTY SHERIFF'S OFFICE

### AWARNESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by supervisors and as authorized by approved standard operating procedures, which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. 35-3-38 established criminal penalties for specific offences involving obtaining, using, or dissemination criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protections Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offences, all major felonies for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy and Computer Forgery. The criminal penalties for each offense carry maximum sentences of 15 years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The act also establishes Computer Password Disclosure as a criminal offense with penalties of one year in prison and/or a \$5,000 fine.

The Georgia Justice Information System (CJIS) Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. The Computer System Protection Act protects all databases accessible via CJIS Network terminals. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_