

Hickory Creek Waiver of Claims and Covenant Not to Sue

Date of Observation: _____

In consideration of the permission granted to me by the Town of Hickory Creek, Texas, to accompany an officer of the Town of Hickory Creek Police Department while on patrol, I, _____ hereby waive all claims for damage or loss to my person or property which may be caused directly or indirectly by an act or omission of the Town of Hickory, its officers, agents, or employees. I assume the risks of all dangerous conditions or occurrences, which may be encountered during, said patrol and waive any and all specific notice of the existence of such conditions or occurrences. I further release and forever discharge the Town of Hickory Creek, The Hickory Creek Police Department, their officers, agents, servants, and employees from any and all liability, claims, actions, or cause of actions, whether real or asserted, of every nature, kind and character whatsoever arising out of said accompaniment and do hereby covenant not to sue.

Dated this _____ day of _____, 20____.

Observer's Signature : _____

Observer's Address: _____

Observer's Phone: (_____) _____

TO BE COMPLETED BY OFFICER ONLY

Officer: _____ Badge #: _____

Shift Assignment: _____ Unit #: _____

Command Authorization: _____

Date of Signature: _____ Title: _____

1. Applicant Identification: Information provided

In this section is used for identification purposes only.

1.1 Name: _____
Last First Middle

1.2 Address: _____
Number Street Apt #

City State Zip Code

1.3 Telephone Number: _____
Home Business Other

1.4 Date of Birth: _____

1.5 Nickname(s) or other name(s) by which you are/have been known: _____

1.6 Social Security Number: _____

1.7 Place of Birth: _____
City County State

1.8 Are you legally authorized to work in the United States? ☐ Yes ☐ No

1.9 Driver's License Number: _____ State of Issue: _____

Other Identification Number: _____ Issued By: _____

1.10 Height: _____

1.11 Weight: _____

1.12 Color of Hair: _____

1.13 Color of Eyes: _____