



# LIVINGSTON COUNTY SHERIFF

Thank you for your interest in the Livingston County Sheriff's Office Teen Cadet Program. The Teen Cadet Program is open to young people ages 14-20 who are enrolled in school or have a high school diploma or equivalent. The Teen Cadet Program will feature monthly meetings, community events, hands on training, Ride-Alongs/Observational Opportunities, Rank structure and Promotional Opportunities, Specialty Unit Demos, and MORE!!!

## **Communications Bureau**

- LCSO Dispatch
- Emergency Operations Center

## **Police Services Bureau**

- Criminal Investigations Division
- Forensic Identification Unit
- Patrol Division
- Marine Unit

## **Correctional Services Bureau**

- Livingston County Jail
- Livingston County Government Center
- Livingston County Courthouse

## **Professional Standards Bureau**

- Civil Division
- Specialty units
  - SWAT
  - Mounted
  - K-9
  - Firearms
  - AND MORE

**Location:** 4 Court Street - Geneseo, NY 14454

Please complete the following application and return it to Sergeant Morganne Harrington at [morganneharrington@livingstoncountyny.gov](mailto:morganneharrington@livingstoncountyny.gov)

**Teen Cadet Application**



# LIVINGSTON COUNTY SHERIFF

## Personal Information

Full Legal Name: \_\_\_\_\_

Other Names or aliases: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If student, name of school: \_\_\_\_\_

Social Media Handles: \_\_\_\_\_

## Emergency Notification

Please List two personal contacts in the event of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number# \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number# \_\_\_\_\_

Email: \_\_\_\_\_



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## WAIVER OF LIABILITY AND RELEASE AGREEMENT

I, \_\_\_\_\_, wish to participate in \_\_\_\_\_ (the “Activity”) offered by Livingston County. As a precondition to participating in the Activity, I have read the following Release Agreement (the “Agreement”) and agree to all of its terms.

**Assumption of Risk.** I understand that participating in the Activity entails certain inherent risks, including a heightened risk of physical injury. I am fully aware of the potential risks and hazards associated with the Activity and despite knowing of such dangers, hereby elect to voluntarily participate in the Activity. I knowingly and voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death or illness, that may be sustained by me as a result of participating in the Activity, unless created by the gross negligence or willful misconduct of Livingston County, its officers, agents, employees or volunteers (collectively referred to as the “County”).

**Liability Release.** In consideration of the County allowing me to participate in the Activity, I agree I will not sue the County and I release and discharge the County from any and all liabilities, claims, demands, actions, causes of action, damages, costs and/or expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, arising directly or indirectly from the Activity or while upon the premises where the Activity is being conducted, excepting those claims arising from the gross negligence or willful misconduct of the County.

**Indemnification.** I agree to release, indemnify and hold harmless the County from and against any loss, liability, damage or costs, including court costs and attorney’s fees, that the County may incur arising from my involvement in the Activity, excepting those claims arising from the gross negligence or willful misconduct of the County.

**Warranty of Physical Fitness.** I assume full responsibility for my physical wellbeing in connection with my participation in the Activity and I understand the County has not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity. Livingston County does not assume any responsibility for my wellbeing while participating in the Activity. I warrant that I am in a physical condition that will allow me to participate fully in the Activity and the County is relying on my warranty regarding my physical condition.



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**Intent.** It is my express intent that this Agreement shall bind the members of my family and spouse (if any), as well as my estate, heirs, administrators, successors, assigns, and personal representatives. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws provisions. The courts in Livingston County shall be the forum for any lawsuits arising from the Activity or incident to this Agreement, or if eligible and brought in Federal Court in the nearest Federal Court to Livingston County. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions thereof shall not be affected thereby.

In signing this Agreement, I acknowledge that I have read the Release Agreement in its entirety, fully understand its terms, and agree to be bound by its terms. I further acknowledge that no oral representations, statements, or inducements, apart from the foregoing written Agreement, have been made by the County. Lastly, I acknowledge I am signing this Release Agreement voluntarily; I am at least eighteen (18) years of age; and I am fully competent.

***Print Applicant Name:***

***Applicant Signature:***

***Date:***

***Print Parent or Guardian Name:***

***Parent or Guardian Signature:***

***Date:***