RELEASE OF LIABILITY AND WAIVER FORM – for City of Elsberry Missouri

In consideration of the Elsberry Police Department processing of my application for employment, I

_____hereby irrevocably agree to the following terms and conditions.

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Elsberry Police Department, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Elsberry Police Department.

2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the City of Elsberry and the Elsberry Police Department who may conduct my background investigation.

3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the City of Elsberry and the Elsberry Police Department who conduct my background investigation.

4. I authorize any person or entity contacted by the Elsberry Police Department, officers, agents, or employees during the course of my background investigation, to furnish to such officers, agents, or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have, including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient privilege, the clergyman-penitent privilege, the husband-wife privilege and the accountant-client privilege.

5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the City of Elsberry, the Elsberry Police Department or any of its officers, agents, or employees for any statements, acts or omissions in the course of my background investigation.

6. I expressly waive all my legal rights and causes of action to the extent that the Elsberry Police Department background investigation may violate or infringe upon these legal rights and causes of action.

7. I expressly agree that I will never under any circumstances, attempt to obtain the results of my background investigation conducted by the Elsberry Police Department, realizing that such information must of necessity remain confidential. This release from liability given by me to the City of Elsberry, the Elsberry Police Department, its officers, agents and employees and all others as mentioned previously shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative. READ CAREFULLY BEFORE SIGNING:

Signature of Applicant_____Date:_____ Sworn and Subscribed To Before Me This _____Day of _____By: _____State of Missouri, County of:_____

Signature of Notary Public: _____