

HARTFORD POLICE DEPARTMENT

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the City of Hartford Police Department (hereinafter referred to as the Department) processing my application of 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 Department, in its sole discretion, may deem necessary to obtain or contact to determine my fitness as a candidate for employment with the 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 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 person or entities who shall furnish any information or opinions to the officers, agents, or employees of the Department who conduct my background investigation.
- 4) I authorize any person or entity contacted by the Department’s 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-client privilege, the clergy-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 City of Hartford, the 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 of my legal rights and causes of action to the extent that the Department background investigation may violate or infringe upon these legal right and causes of action.
- 7) I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Department, realizing that such information must of necessity remain confidential.

This release from liability given to me by the City of Hartford (WI), the Department, its officers, agents and employees, and all others as mentioned above, shall apply to any right of action or any nature whatsoever that might accrue to me, my heirs, or my personal representative. A copy is sufficient in lieu of the original document.

This document is signed by me, of my own free will and accord and without duress or coercion. No threat or promise has been made to me by any member of the Department.

READ CAREFULLY BEFORE SIGNING

DATE: _____ SIGNATURE: _____

DRIVER’S LICENSE NUMBER: _____ STATE: _____