



LEHI POLICE DEPARTMENT BACKGROUND RELEASE FORM

Utah Code Ann. § 53-14-101 provides that a current or former public or private employer, or police academy director, of any prospective public safety officer or administrative employee **shall provide employment information** upon written request of a law enforcement agency conducting a background investigation. "Employment information" required to be disclosed includes:

- Dates of employment of the applicant
- List of compensation provided to the applicant during the term of employment;
- Any written performance evaluation of the applicant;
- Notice of any law enforcement certification investigation pending or completed;
- A statement of the reason(s) for termination of employment; and
- A statement of whether the former employer would rehire the applicant.

Failure to provide such information upon written request and upon receipt of a copy of this form, duly signed by the applicant, is a violation of Utah law, and may subject the person failing to comply with penalties and liability. In the absence of fraud or malice, an employer or police academy director is not subject to civil liability for any relevant cause of action by releasing information required under Utah Code Ann. § 53-14-101.

Notice and Release

To any former or current employer and/or police academy director:

I, _____, authorize and request that you release any and all employment information required by Utah Code Ann. § 53-14-101 and listed above, for any term of employment or law enforcement study and training. I release any former or current employer and/or police academy director or any other agency involved in releasing this information from any liability arising under the Federal Rights and Privacy Act or other applicable State statutes.

Signature

Print Name

STATE OF UTAH)

:ss.

COUNTY OF UTAH)

On this _____ day of _____, 20____, personally appeared before me, _____ and _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose, and being first duly sworn (or affirmed), declared that the statements therein contained are true.

Notary Public

Notary Commission Expires: _____



INFORMED CONSENT, WAIVER AND RELEASE AGREEMENT FOR LEHI VIPS

The undersigned, being at least twenty one years of age, and in consideration for acceptance, approval and participation in the Lehi Volunteers in Police Service Program (VIPS), sponsored by Lehi Police Department, do hereby agree to this waiver and release.

I recognize that the Volunteers in Police Service Program (VIPS) will involve physical labor, will subject me to traffic hazards and potentially dangerous animals, and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the program, including, but not limited to: operating a motor vehicle, directing traffic on the roadway, containing loose livestock and other animals (i.e. dogs, cats), providing first aid, (e.g. controlling bleeding, treating shock, CPR) and other similar activities.

I recognize that this program's activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart, or other serious health problems that could prevent me from participating in any of the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities of this program.

I recognize that if I am accepted for the program, I will be covered by the provisions of the "**Utah Volunteer Government Workers Act**" (67-20-UCA), during the time that I am performing approved volunteer activities. I specifically recognize that in accordance with this act, workers compensation and medical benefits shall be the exclusive remedy for any injury that I sustain in the course and scope of my approved participation in the program.

In addition, I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury, that is outside of the program related medical coverage provided through workers compensation. _____

Signature

I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive that is not covered under applicable workers compensation benefits._____.

Signature

I agree to release Lehi City, its agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from the cost of any medical care that I receive while participating in this program or as a result of it.

I further agree to release Lehi City, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me arising out of any and all activities associated with the aforementioned activities.

I further agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia, and /or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PARTICIPATION IN THE VOLUNTEERS IN POLICE SERVICE PROGRAM SPONSORED BY THE LEHI CITY POLICE DEPARTMENT.

NAME_____DATE_____

SIGNATURE_____

VIPS COORDINATOR_____DATE_____

VIPS SIGNATURE_____