

# APPLICANT'S (FOR EMPLOYMENT) WAIVER OF LIABILITY AND RELEASE FORM

In order for the Storm Lake Police Department to make a thorough investigation of my background, health, family history, personal habits, and reputation for the purpose of determining my fitness and suitability for employment with the City I,

Name of Applicant \_\_\_\_\_

hereby release from liability and agree to hold harmless from liability the City of Storm Lake, its officers, employees, or agents based upon any theory of liability or cause of action relating to any act or failure to act in connection with that investigation. This specifically includes inquiries into all aspects of my background which are permitted by law and is with the understanding the City will not make any inquiry into my state of health until such time as the City shall have offered me a job subject to successfully passing a physical or other health background investigation which the City may elect to conduct. I further authorize any present or former employer, school, health care provider or other people, including all of their officers, employees, or agents to release any information they may have about me to the City of Storm Lake and I hereby agree to hold harmless all such entities or persons from any liability under any theory or cause of action relating to the release of any information about me.

I specifically waive the privileges I have selected below:

- Attorney-Client
- Accountant-Client
- Psychotherapist-Patient
- Clergyman-Patient
- Doctor- Patient
- Husband- Wife

This Release and Hold Harmless Agreement shall be binding upon myself, my beneficiaries and heirs, my personal representative, and any successors and assigns.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_