

## Santa Cruz County Sheriff's Office Home Security Inspection

### Registration Form

Applicant's Full Name		Phone No.	
Address			
Email		Cell No.	
<b>Additional Information</b>			
<b>Pets on Premises?</b>		<b>Best Availability</b>	
<b>Home Alarm System? Weapons in the home?</b>		<b>Any Additional Information</b>	

*I \_\_\_\_\_ hereby request to participate in the Santa Cruz County Sheriff's Office Crime Prevention program at no charge to me. I understand and agree that the County of Santa Cruz, the Santa Cruz County Sheriff's Office, it's employees and volunteers do not represent, warrant or guarantee that participation in the Crime Prevention program will prevent crime from occurring with regard to me, my residence or my property. I understand that the Sheriff's Office may utilize local computer databases to check history of a residence or business and the requestor ensure there are no matters that may compromise the safety of Sheriff's Office Volunteers.*

*I hereby acknowledge and agree to hold harmless, indemnify and defend the County of Santa Cruz, the Santa Cruz County Sheriff's Office, and their employees, volunteers, elected officials, agents, boards, and departments from and against any and all actions or causes of action occurring or arising as a result of my participation in the Santa Cruz County Sheriff's Office Crime Prevention program or any activities incidental thereto wherever or however the same may occur, including but not limited to claims of other parties claiming financial interest in my residence or property, and I do release, waive, discharge and relinquish any action or cause of action, which may hereafter arise. I understand that the above information is for program use only, and is held in the strictest of confidence.*

I have read and understood the above waiver.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sheriff's Office Use Only			
Application Received By		Date	
Comments			