## DOTHAN 101 – Neighborhood Academy APPLICATION

Name				
(Last)	(Last) (First)		(Middle Initial)	
Address				
(Street)		(City)	(State)	(Zip)
Cell or Home Phone	E-mail			
Place of Employment and Tit	le			
Why do you want to participa	ite in Dothan 101?			
Length of residence in Dotha	n			
Are you an active member of	a neighborhood association?	Yes _	No	
If yes, which one?				
If you are a part of a neighbor	chood association, do you ho	ld a position?	Yes	_ No
If you hold a neighborhood as	ssociation position, what is ye	our title?		
Would you be willing to pa between your neighborhood a				acilitate communication
Do you require any specific a	ccommodations for a physica	al disability o	r dietary allergy?	Yes No
If yes, please explain				
I agree to sign a Hold Harmle	ess, Release and Indemnificat	tion Agreeme	nt Yes	No
I certify that the information the rules and regulations of misrepresentation on the appl	f the City of Dothan as a	participant of	of Dothan 101.	I understand that any
Signature			Da	ite
Return this application to:	City of Dothan Attention – Dothan 101 F P.O. Box 2128 Dothan, AL 36302-2128	Program		
	OR			

Scan and email completed forms to - vvincent@dothan.org

## DOTHAN 101 – Neighborhood Academy Hold Harmless, Release and Indemnification Agreement for the City of Dothan

The undersigned, in consideration for the privilege of being a participant in Dothan 101, an educational government experience, and recognizing that such activity involves certain inherent risks and dangers, hereby agrees to assume the risk attendant to all activities associated with participation in the program titled "Dothan 101" with the City of Dothan.

The undersigned for himself/herself, legal representative, heirs and assigns does hereby release, waive, and discharge the City, its officers, agents, and employees from any liability of any nature whatsoever for any loss or damage or any claim of damages resulting from his/her participation in Dothan 101.

The undersigned hereby agrees to indemnity, defend, and hold harmless the City of Dothan, its agents or employees, from any and all claims, losses, damages, causes of action, and liability, including all expenses of litigation, including claims brought by third parties, for injury to myself or any person or loss of property arising out of my participation in Dothan 101 with the City of Dothan.

The undersigned further agrees that their participation in this program is solely for the purpose of better understanding our government and that any information gathered during this experience will not be used for the destruction or damage of any city property and will not be given to any person possibly known to want such information for destructive purposes. The undersigned agrees to a background check to verify all information listed on the application.

Participant's Name	
Participant's Signature	Date
Participant's address	
Participant's phone	Participant's age
Witness Name	
Witness Signature	Date