

OZARK 101 APPLICATION



Mr. Mrs.					
Name:(Last)	(First)		(Middle)		
Address:					
(Street	(City	y) (State)	(Zip)		
Length of Residence in C)zark:				
Home/Cell Phone:	Work Phor	ne:			
E-mail:	Date of Birth				
Place of Employment:					
Title:					
Are you a registered vot	er?Yes No County:_	State			
Why do you want to par	ticipant in Ozark 101?				
	ific accommodations for a physical disability		NO		
I agree to a Hold Harmle	ess and Media Release Agreement.	YES	NO		
each week. I agree to co have given is true and co the City of Ozark as a pa	duate from this class, it is expected that I at ommit my time and resources to complete to brrect to the best of my knowledge. I agree rticipant of Ozark 101. I realize any misrepremoved from the program.	the program. I certify the to abide by all the rule	hat the information I es and regulations of		
Cianatura		Data			

Return this portion of the application to:

The City of Ozark
Attn: Marketing Department

P.O. Box 1987, Ozark, AL 36360 Email: Marketing@ozarkalabama.us



OZARK 101

Media Release and Hold Harmless Agreement For the City of Ozark

Whereas, I	have applied for admission to the
2019 Ozark 101 Class, a project of the City of O	zark, and I have been permitted voluntarily to
participate in the activities associated therewith.	
The undersigned hereby understands that photos that they will be used at the discretion of the City	e e
The undersigned hereby agrees to indemnity, defagents or employees, from any and all claims, los including all expenses of litigation, including claim or any person or loss of property arising out of modern.	ses, damages, causes of action, and liability, ms brought by third parties, for injury to myself
The undersigned further agrees that their particip better understanding of our government and that will not be used for the destruction or damage of person possibly known to want such information agrees to a background check to verify all inform	any information gathered during this experience any city property and will not be given to any for destructive purposes. The undersigned
Participant's Name:	
Participant's Signature:	

Return this portion of the application to:

The City of Ozark
Attn: Marketing Department
P.O. Box 1987, Ozark, AL 36360

Email: Marketing@ozarkalabama.us



OZARK 101 Notice of Commitment



To graduate from Ozark 101, a participant is expected to attend all sessions. Even though emergencies do arise, any participant missing more than one session, for whatever reason, may be asked to withdraw from the program.

The Ozark 101 program will begin on March 21st and will consist of 8 classes with a wrap up / graduation session. Each class will begin at 6:00 and end at 9:00 on Thursday nights.

I understand the explanation above, the purpose of the Ozark 101 program and I will commit my time and resources to complete the program.

Applicant's Signature		
Date		

Return this portion of the application to:
The City of Ozark

Attn: Marketing Department P.O. Box 1987, Ozark, AL 36360

Email: Marketing@ozarkalabama.us