



# OZARK 101 APPLICATION



Mr. Mrs.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Length of Residence in Ozark: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_

Are you a registered voter? \_\_\_\_\_ Yes \_\_\_\_\_ No County: \_\_\_\_\_ State \_\_\_\_\_

Why do you want to participant in Ozark 101? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you require any specific accommodations for a physical disability: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to a Hold Harmless and Media Release Agreement. \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that to graduate from this class, it is expected that I attend all 8 sessions consisting of three hours each week. I agree to commit my time and resources to complete the program. I certify that the information I have given is true and correct to the best of my knowledge. I agree to abide by all the rules and regulations of the City of Ozark as a participant of Ozark 101. I realize any misrepresentation on the application or misconduct will result in my being removed from the program.

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](mailto:Marketing@ozarkalabama.us)**



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## Media Release and Hold Harmless Agreement For the City of Ozark

Whereas, I \_\_\_\_\_ have applied for admission to the 2015 Ozark 101 Class, a project of the City of Ozark, and I have been permitted voluntarily to participate in the activities associated therewith.

The undersigned hereby understands that photos will be taken throughout the classes and agrees that they will be used at the discretion of the City of Ozark Marketing Department.

The undersigned hereby agrees to indemnify, defend, and hold harmless the City of Ozark, 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 Ozark 101 with the City of Ozark.

The undersigned further agrees that their participation in this program is solely for the purpose of better understanding of 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: \_\_\_\_\_

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# 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 April 6<sup>th</sup> 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, with the exception of one Wednesday night class on May 17 due to graduation.

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

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Applicant's Signature

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Date

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