

Release of Information and Waiver of Liability

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I hereby waive all actions, cause and cause of actions, damages, claims or demands of any kind or nature, and forever discharge the City of Center Line, and all members and employees, from any and all claims, demands, damages, and liabilities which may occur from, is cause by, or arises out of, or as a result of their investigation into my previous personal history, and their determination of my fitness to be employed by the City of Center Line.

A photo copy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

Print name

Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_

Current Address

City

\_\_\_\_\_

\_\_\_\_\_

State

Zip

\_\_\_\_\_

\_\_\_\_\_

**This document must be signed in the presence of a Notary Public:**

State of Michigan

County of Macomb

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_.