

**Hamilton County Sheriff's Office**  
**Release of Liability**

I and my heirs, in the consideration of my participation in the Sheriff's Citizen Academy, do hereby release and hold harmless the Hamilton County Sheriff's Office, its officers, employees, agents and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonments, death, or loss of money, which might occur while participating in this event or as a result of participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition and for the presence or actions of any other participants. I am aware of the risks of participation which include, but are not limited to; the possibility of personal injury and/or fatigue, exposure to course, profane or abusive language, exposure to firearms, blunt impact weapons and electronic devices, exposure to disturbing scenes or circumstances that Deputy Sheriff's encounter in the performance of their duties. I hereby state that I am in sufficient physical condition to accept rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely choose to participate. I understand that the Hamilton County Sheriff's Office does not provide medical or liability insurance coverage for me. I verify that I will be responsible for any medical or liability costs I incur as a result of my participation.

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(Participant)

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(Witness)

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(Date)