

OFFICE OF THE SHERIFF MARSHALL COUNTY

JOEL R. PHILLIPS, SHERIFF

BEN W. VEREN, CHIEF DEPUTY • PATRICK W. WHITE, Chief Jailer

2369 JESSUP AVENUE, MARSHALLTOWN, IOWA 50158

TELEPHONE: 641-754-6380-FAX: 641-754-6369-EMAIL: sheriff@co.marshall.ia.us

LIABILITY WAIVER

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the potential risks and hazards connected with the participation in this program, including physical injury or even death, and hereby elect to voluntarily participate in said program, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the County of Marshall or the Marshall County Sheriff's Office, including the elected officials, the officers, servants, agents, and employees (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the program is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, or shall be deemed as a Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Iowa.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Release and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; and that no oral representations, statements, or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE, AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature: _____

Printed Name: _____

Date: _____

Event: SHERIFF'S CITIZEN ACADEMY

Please return all Sheriff's Citizen Academy forms to:

Marshall County Sheriff's Office
2369 Jessup Avenue
Marshalltown, Iowa 50158
ATTN: Sergeant Louis Modlin