Buncombe County Sheriff's Office 202 Haywood Street Asheville, NC 28801 Sheriff Van Duncan Sheriff's Citizens Academy Release Form

The Buncombe County Sheriff's Office will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or damages will occur through participation in our programs.

I, ________ (print FULL NAME) in consideration of permission to participate in the <u>Sheriff's Citizens Academy</u>, do hereby remise, release and forever hold harmless Buncombe County and the Buncombe County Sheriff's Office, their staff, employees, agents, and assigns, from any responsibility, obligated, cause of action, claims and demands of whatsoever kind of nature arising from any responsibility, cause of action, claims and demands of whatsoever kind of nature arising from or by reason if any and all known and unknown, foreseen bodily or personal injuries to myself, damage to my personal property or injury or damage to property of others caused by me growing out of or resulting from or incident of my participation in the activities of said Buncombe County Sheriff's Office program.

Furthermore, I fully understand that participation in the activities of said program is purely voluntary and that the activities of said program may involve risks and hazards of bodily injury or property damage sustained through participation in the activities of said program.

I further state that I am in proper physical condition to participate in this activity. In addition, I fully understand that Buncombe County and the Buncombe County Sheriff's Office, its staff, employees, agents, and assigns are under no obligation or duty to provide a physical examination or other evidence of my fitness to participate in these activities; said examination being my sole duty and responsibility.

Please read this entire document before signing. This document releases Buncombe County and the Buncombe County Sheriff's Office, its staff, agents, and assigns from any liability from your participation in the above described activity.

Signed: _____

Date: