



THE TELLER COUNTY SHERIFF'S OFFICE RELEASE AND INDEMNIFICATION AGREEMENT

PROGRAM: _____

DATE(S): _____

LOCATION: _____

I, _____, the undersigned citizen participant at the Teller County Sheriff's Office Training, understand that the training is a potentially dangerous activity and assume the risks such training during training with the Teller County Sheriff's Office, its successors, employees, agents and assigns.

I also acknowledge that the study and application of techniques and subject control procedures is physically demanding and requires that I be in good physical condition and free of any disability or physical condition that would prohibit my participation.

I further acknowledge that I am not an employee, agent or contractor for the TCSO or Teller County.

In return for the opportunity to participate with Teller County and Public Training, and in consideration of Teller County allowing me to participate in the above-described events, programs, and activities, I, for myself and my heirs, executors and administrators, do hereby forever waive, release, discharge and hold harmless the Sheriff's Office, Teller County, its divisions, departments, representatives, officers, officials, employees, any sponsoring or associated agencies and groups, volunteers, successors and assigns and each of their affiliates, board members, officers, employees, agents and volunteers from any and all losses, injuries, damages, liability, claims, penalties, fines, expenses, claims for negligence and/or legal actions (including attorney's fees, costs and expenses incidental thereto) of any nature whatsoever, including without limitation those arising out of any personal injury or any loss or damage to property which may arise out of or occur during, or in any way resulting from or otherwise relating to my voluntary participation in the above-described program or related activities. I further agree to defend, indemnify and hold harmless the released parties from any and all liability to me or my successors and assigns for matters that may be asserted or brought by me, my successors or assigns against Teller County, its divisions, departments, representatives, offices, officials, employees, successors and assigns, or others resulting from or based on my participation or actions.

I further agree that any damage caused by me or occurring as a result of any of my actions during this event will be my sole responsibility and not the responsibility of Teller County and the Teller County Sheriff's Office.

I understand that I am not covered by any insurance policies of Teller County. I further agree that any damage caused by me or occurring as a result of any of my actions during this program or related activities will be my sole responsibility and not the responsibility of Teller County. I fully understand that as a participant, I do not work for the County as an employee, therefore I am not entitled to worker's compensation benefits and the County cannot provide lost wages or permanent disability benefits for the participant's regular employment. I fully understand that the County will not provide for or pay for medical treatment for injuries which occur within the scope and course of my participating activities.

By my signature below I shall assume complete responsibility and liability for myself during this event or program.

As a participant, I will endeavor to perform activities safely and follow the directions given to me by the Teller County Sheriff's Office. I agree to use good judgment and follow the safety procedures and direction given to me by the Teller County Sheriff's Office or any of the official instructors during my participation in this event. I fully understand and agree that the County will not provide insurance coverage or be financially responsible should damage or loss occur to any of my personal property used while participating in this activity.

This Release and Indemnification Agreement is binding on me, my heirs and assigns, and any other persons making claims through me or on my behalf now and in the future whether I be alive or deceased.

I hereby acknowledge that I have read, understood, and freely and voluntarily executed this Release and Indemnification Agreement on the date set forth below, and agree to all of the above.

IN WITNESS WHEREOF, this Agreement is executed this ____ day of _____, 20____.

Name of Participant (Please Print)

Signature of Participant

_____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Signature of Guardian if Participant is under 18 years of age

_____ Date _____

Address _____

City _____ State _____ Zip Code _____

State of Colorado

County of _____

This record was acknowledged before me on _____, 20 _____

by _____ (name(s) of individual(s)).

(Notary's official signature)

(Commission Expiration)