



JOHN McMAHON, SHERIFF-CORONER



APPLICANT ASSISTANCE PROGRAM

WAIVER, RELEASE AND INDEMNITY AGREEMENT

RELEASE AND HOLD HARMLESS AGREEMENT FOR THE SAN BERNARDINO COUNTY SHERIFF'S TRAINING FACILITY

I, _____, fully understand that
(LAST) (FIRST) (MIDDLE)

The use of the San Bernardino Sheriff's Department Training Facility exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily using the Physical Agility Course and expressly agree to assume any such risks.

In consideration for being permitted to use the San Bernardino Sheriff's Department Training Facility, I hereby release and forever discharge the County of San Bernardino, San Bernardino County Sheriff's Department and Sheriff's Regional Training Center, officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or in connection with my use of the San Bernardino Sheriff's Department Training Facility from whatever cause, including the active or passive negligence of the County of San Bernardino and San Bernardino Sheriff's Department Regional Training Center officers, employees, agents and volunteers or any other participants while using the San Bernardino Sheriff's Department Training Facility.

In further consideration for being allowed to use the San Bernardino Sheriff's Department Training Facility, I hereby agree, for myself, my heirs, administrators, executors and assign, that I shall indemnify and hold harmless the County of San Bernardino, San Bernardino County Sheriff's Department and Sheriff's Regional Training Center, officers, employees, agents and volunteers from any and all claims, demands, actions or suits arising out of or in connection with my use of the San Bernardino Sheriff's Department Training Facility brought by any third party.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature

Dated: _____

Participant's Phone

Email

Emergency Contact Name/Phone

Signature of SBSD Agent