

Liability Release

I, _____, hereby acknowledge that I have no present or prior medical or psychological disease, injury, infirmity or condition which could or would adversely affect or be detrimental to my participation in the following Lumpkin County Sheriff's Office training or physical assessment:

I, _____, hereby release and discharge the Lumpkin County Sheriff's Office, the Lumpkin County Commissioners' Office, any of either organization's agents, and all other persons liable or who might be claimed to be liable, from any and all claims, demands, damages, actions, causes of action or suits of whatever kind or nature, in particular on accounts of injury which may result or may in the future develop, or loss of property sustained by the undersigned as a result of participation in the training/assessment offered by the Lumpkin County Sheriff's Office. Undersigned further agrees that he/she assumes the risk of any danger involved in participation of said function.

Signature

Date

Witness