

GILCHRIST COUNTY SHERIFF'S OFFICE

ACKNOWLEDGEMENT AND RELEASE FOR PARTICIPATION IN SHERIFF'S CITIZEN'S ACADEMY

This instrument is a complete waiver and release of any claim that may arise as a result of participation in the Gilchrist County Sheriff's Office Citizen's Academy. **Please do not sign this document until you have read it in its entirety, understand it, and agree to its terms.**

I, _____, acknowledge that I have completely read this release and hold harmless agreement and fully understand its contents. I knowingly and voluntarily execute this release with the express intention of extinguishing any and all obligations, claims, and causes of action as set forth herein.

By my signature on this Release, I knowingly and voluntarily release and forever discharge Sheriff Bobby Schultz, individually and in his official capacity as Sheriff of Gilchrist County, the Gilchrist County Sheriff's Office, and all employees, administrators, agents, assigns, heirs, executors, firms, and corporations from any and all claims, obligations, demands, damages, or causes of action of any kind or nature whatsoever, whether known or unknown, both to person and property, which may result now or in the future from my participation in the Sheriff's Citizen's Academy.

This release does not extend to acts of gross negligence or intentional misconduct, nor does it waive the Sheriff's sovereign immunity or limits of liability as provided under Florida Statute 768.28. It is my intention that this release be binding upon me, my spouse, heirs, assigns, personal representatives, and estate.

I further represent that I am in good physical health and have no known medical conditions that would prevent my participation in the Sheriff's Citizen's Academy. I understand that participation may include visits to various Sheriff's Office facilities and operations, including but not limited to the Gilchrist County Jail and the Gilchrist County Courthouse.

I acknowledge that certain activities may be unpredictable and inherently dangerous. I further understand that participation may involve time spent in confined environments where social distancing may be difficult or impossible, and where there may be an increased risk of exposure to illnesses, including COVID-19.

Participant's Signature: _____ Date: _____

Print Participant's Name: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by the above-named participant.

NOTARY PUBLIC (Signature): _____

NOTARY'S NAME (Printed/Stamped): _____

My Commission Expires: _____

Sheriff, Bobby Schultz