
EXERCISE WAIVER AND RELEASE OF LIABILITY

In consideration of the privilege of using exercise equipment and facilities provided by the Dakota county Jail ("Jail"),

I, CONBOY, ANDREW THOMAS

date of birth 5/16/1988

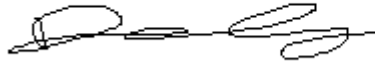
acknowledge, understand, and agree as follows:

1. I am not required to use the Jail's exercise equipment or facilities.
2. I will only use the Jail's exercise equipment and facilities if I am physically and mentally capable of doing so. It is my responsibility to promptly inform Jail staff of any physical or mental conditions or limitations that might affect my ability to use the Jail's exercise equipment and/or facilities.
3. The Jail's exercise equipment and facilities are provided to me as a privilege. I will comply with all rules governing the use of the Jail's exercise equipment and facilities. I will also comply with all directives given to me by Jail staff regarding use of the Jail's exercise equipment and facilities. Failure to follow the Jail's rules or staff directives may result in the loss of my privilege to use the Jail's exercise equipment and facilities on a temporary or permanent basis.
4. I will exercise reasonable care in using the Jail's exercise equipment and facilities, and I will only use such equipment and facilities for their intended purpose(s). Any misuse may result in the loss of my privilege to use the Jail's exercise equipment and facilities on a temporary or permanent basis.
5. I am responsible for any damage that I intentionally cause to the Jail's exercise equipment and/or facilities.
6. I will promptly report any damage, dangerous condition, misuse or inoperability of the Jail's exercise equipment or facilities to Jail staff.
7. There are certain risks associated with using the Jail's exercise equipment and facilities. Using the Jail's exercise equipment and facilities could result in harm to me, including, without limitation, illness, injury, or death. I voluntarily assume all risks associated with my use of the Jail's exercise equipment and facilities.
8. I am solely responsible for any harm to myself or others caused by my use of the Jail's exercise equipment and/or facilities.

- 9. I authorize Jail staff to seek, I consent to receive, and I accept financial responsibility for medical treatment for any injury or illness that I sustain in using the Jail's exercise equipment and facilities.

- 10. I, for myself and on behalf of my heirs, family members, successors, assigns and personal representatives, hereby waive, release, hold harmless, and forever discharge to the fullest extent permitted by law Dakota County and its Commissioners, employees, agents, officers, contractors, volunteers and representatives from any and all liability whatsoever for any and all damages, losses, illnesses, or injuries (including death) that I sustain or may sustain as a result of or in connection with my use of the Jail's exercise equipment and/or facilities.

Inmate Signature:



Date:

12/24/2022

Refused to sign:

False