

Cass County Sheriff's Office Regional Training Academy

Waiver, Release and Indemnification Agreement

The undersigned, on behalf of myself, in heirs, assigns, executors, administrators and/or personal representatives, having been fully advised and informed of the potential dangers of the course/activity listed below, including, but not limited to, loss of life from injury, personal injury, illness and property damage or loss hereby agrees:

In consideration of being permitted to participate in the course/activity listed below, I agree to defend, hold harmless indemnify and forever release and discharge the Cass County Sheriff's Office, the Cass County Sheriff's Office Regional Training Academy, and the Cass County Sheriff's Office Regional Training Academy Advisory Board (the "indemnities") from any and all claims, damages, demands, actions or causes of action on account of personal injury, or death, or damage to or loss of personal property whether the same be caused by negligence of the indemnities (but not including intentional torts or gross negligence of the indemnities) which may result from my participation in the course/activity. Additionally, I hereby agree to waive and relinquish my claim I may have against the indemnities arising out of my participation in the course/activity. I understand and acknowledge that no medical, liability, or other insurance coverage will be provided for me by the indemnities for this activity.

Course/Activity: Law enforcement Academy

Date(s) of Course/Activity: _____

Location of Course/Activity: Cass County Sheriff's Office Regional Training Academy

Location(s) that have entered into an agreement with the Cass
County Sheriff's Office Regional Training Academy

Participant Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____