



# *Nassau County Sheriff's Office*

**Sheriff Bill Leeper**

## **NASSAU COUNTY SHERIFF'S OFFICE TEEN CITIZEN'S ACADEMY GENERAL RELEASE AND WAIVER OF LIABILITY**

The undersigned, \_\_\_\_\_ (print name of Participant), a volunteer participant of the Nassau County Sheriff's Office Teen Citizen's Academy (hereafter "NCSO TCA"), and \_\_\_\_\_ (print name of Parent/Guardian of Participant), in consideration for the privilege of participation with, and becoming a member of, the NCSO TCA, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do both hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, relating to any and all participation, in whatever activity or form, as a volunteer civilian member of the NCSO TCA, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property.

The undersigned Participant and Parent/Guardian have full understanding and appreciation of all risks and dangers associated with the NCSO TCA, including but not limited to, the use of firearms; participating in a "ride-along" program with Deputy Sheriffs while answering calls for service or performing other law enforcement tasks; participating in any and all NCSO TCA training programs which may also include, amongst other training, a "Shoot or Don't Shoot" scenario exercise performed on a highly realistic simulator and which may include video immersion in a violent situation with adult language or vulgarity. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from participation in any of the aforementioned.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned Participant and Parent/Guardian and all respective heirs

executors, administrators, personal representatives, successors, assigns, agents or employees of same. This Release will be subject to, and governed by, the laws of the State of Florida.

This Release has been read and fully understood by the undersigned Participant and Parent/Guardian. It is acknowledged and agreed the undersigned have voluntarily, knowingly, and willingly executed this Release.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_(month), 20\_\_\_\_, by \_\_\_\_\_(print name) who is [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

\_\_\_\_\_  
Signature of **Parent/Guardian** of Participant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_(month), 20\_\_\_\_, by \_\_\_\_\_(print name) who is [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires: