

## ALAMEDA COUNTY SHERIFF'S OFFICE REGIONAL TRAINING CENTER

6289 Madigan Road
Dublin, California 94568
Phone: 925-551-6970 Fax: 925-551-6985

www.sheriffacademy.com

## RELEASE OF LIABILITY

(Print Your Full Name)

(Print Name of Your Company / School / Department / Agency / Host / Affiliate)

This form must be completed by all individual students, guests, invitees, participants, colleagues, agents, contractors, sub-contractors, and/or employees who will be training and/or participating in the following subjects and/or activities on Alameda County property, including, but not limited to: Firearms Range Programs; K-9 Training; Arrest and Control/Defensive Tactics; Scenario/Role Playing; Track & Field activities; Chemical Agents, Confidence Course, and Emergency Vehicle Operations Course (EVOC) Training; Use of Alameda County gym, track, trails, and/or training facilities; and/or General Use Of and/or Entry onto Alameda County property for any of the activities described herein or otherwise contemplated.

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES. PLEASE READ CAREFULLY BEFORE SIGNING. YOU MAY WISH TO GET APPROPRIATE LEGAL OR OTHER ADVICE BEFORE SIGNING IT.

- 1. I ACKNOWLEDGE, agree, and represent that I understand the nature and risks of the activities I will undertake while on Alameda County property and that I am qualified, properly trained, in good health, and in proper physical condition to participate in such performance and activities. I further agree and warrant that if at any time I believe conditions to be unsafe for myself or others viewing my performance and/or activities, I will immediately discontinue further participation in the performance and/or activities. For purposes of this AGREEMENT, the term "performance" shall include any activities and/or actions on Alameda County property.
- 2. I FULLY UNDERSTAND THAT: (A) MY PERFORMANCE AND ACTIVITIES MAY INVOLVE RISKS AND DANGERS OR SERIOUS BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in, or observing, my performance and/or activities, the conditions in which my performance and/or activities take place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; and (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, performance, and/or activities on county property.
- 3. I HEREBY RELEASE, DISCHARGE, AGREE TO INDEMNIFY, AND COVENANT NOT TO SUE County of Alameda, the Alameda County Sheriff's Office, their respective administrators, directors, agents, officers, members, volunteers, and employees, other

- d. You shall not cause any Hazardous Material to be brought upon, kept, used, stored, generated, or disposed of in, on, or about the County Property or transported to or from the County Property or any other real or personal property of the County.
- e. You shall abide by all instructions from ACSO or other County personnel.

A failure to meet these terms and conditions may result in a revocation of your permission to be on County Property and any other actions as permitted by law.

PRINTED NAME OF PARTICIPANT:	
SIGNATURE OF PARTICIPANT:	
STREET ADDRESS:	- X
CITY/STATE/ZIP:	
CONTACT NUMBER:	
DATE:	