



Grayson County Sheriff's Office

WAIVER OF LIABILITY

STATE OF TEXAS
COUNTY OF GRAYSON

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, the undersigned person, for and in consideration of being extended the opportunity and privilege of riding in a Grayson County Deputy's vehicle and/or access to county property, do hereby acknowledge the inherent danger is probable and that there is a potential for death or injury to my person and damage or loss of property in my possession, but that I hereby assume any and all risks arising out of or in any way incident to riding in a Grayson County Sheriff's Office law enforcement vehicle and/or accessing county property; and

THAT I, for the above-mentioned consideration, hereby accept such risk and agree to release, indemnify and hold harmless Grayson County, TX, the Grayson County Sheriff's Office, its employees and agents, both in their public and private capacities, for any damages, whether to my person or my property, which may be incurred either on the premises of the Grayson County Courthouse, the Grayson County Sheriff's Office, in a Grayson County Sheriff's vehicle, or on public or private property during my participation in the Grayson County Sheriff Citizen Academy. I further agree to indemnify and hold Grayson County, TX and the Grayson County Sheriff's Office harmless for any liability to them which may arise out of my actions during participation in said program, including reasonable attorney's fees in defending or prosecuting a claim for damages.

THAT, although I may be a concealed handgun license holder, I will not carry a handgun while participating in the Grayson County Sheriffs Citizens Academy.

PARTICIPANT'S SIGNATURE: _____

WITNESS SIGNATURE: _____

(PLEASE PRINT)

NAME: _____ DOB: _____ RACE: _____ SEX: _____

ADDRESS: _____ CITY: _____ ST: _____ Phone #: _____

ID / DL (STATE / #): _____ DATE COMPLETED: _____

OBSERVER IS APPROVED / DISAPPROVED FOR CITIZENS ACADEMY

Authorized Signature (Sgt. or Above):

Date:

SHIFT SUPERVISOR APPROVED / DISAPPROVED INITIALS / ID#: _____

If disapproved, give brief explanation.

DEPUTY ASSIGNED _____ NOTES _____