

WAIVER AND RELEASE OF LIABILITY

Name:
Phone:
E-Mail Address:

**DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A
WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.**

I agree my participation in the **Alachua County Citizens Academy Program** is voluntary and I will assume all risk of injury, illness, damage or loss to me or to my property that might result from my participation. I further agree (on behalf of myself and my family members, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Alachua County (and its officers, employees, and agents) from any and all claims or causes of action (known or unknown) arising out of my participation, including, without limitation, my use of the County's facilities, vehicles, and equipment.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE COUNTY FOR NEGLIGENCE.

Signature: _____ Date: _____