

DOUGLAS COUNTY SHERIFF'S OFFICE

4000 Justice Way
Castle Rock, CO 80109

LAW ENFORCEMENT EXPLORER PROGRAM
RELEASE OF LIABILITY WAIVER

I, _____, for myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising, while I am on County premises and/or while I am engaged in Douglas County Sheriff's Office Explorer Program and release Douglas County, its officers, agents and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the County, its officers agents and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act on the part of the County, its officers, agents and employees. The consideration for my agreements herein is my being allowed to engage in the activity identified above. (Further, I certify that I am over 18 years of age.)

Dated this _____ day of _____, 20__

Signature

Witness

*If participant is under the age of 18 years,
the following section must be completed.*

I, _____, being a parent or legal guardian of _____, a child, for myself, my heirs and my personal representatives, hereby agree to defend, indemnify, and save harmless Douglas County, its officers, agents, and employees, from any action brought by or on behalf of the above-named child arising out of the Sheriff's Office Explorer Program. The consideration for my agreements herein is the County allowing said child to engage in this activity.

Dated this _____ day of _____, 20__

Signature