

**HAMILTON COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION**

WAIVER OF LIABILITY

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in the Hamilton County Jail Volunteer Programs involves a risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the Hamilton County Sheriff's Office Corrections Division allowing the undersigned to participate in the Volunteer Program, the undersigned does hereby waive liability, release and forever discharge the Hamilton County Sheriff's Office, the Hamilton County Jail, Hamilton County, its officers or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such volunteer programs and activities.

I further covenant and agree that for the sole considerations stated above I will not sue the Hamilton County Sheriff's Office, the Hamilton County Jail, Hamilton County or any agent or employee thereof, for any claim for damages arising or growing out of my voluntary participation in volunteer programs and activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Hamilton County Sheriff's Officer, the Hamilton County Jail, Hamilton County or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said entities, its officers, employees or agents.

This Release, Waiver of Liability and Covenant Not to Sue shall remain in effect for as long as I am a participant in the Volunteer Programs and activities offered by the Hamilton County Jail.

I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Print Name: _____ **Signature:** _____

Date: _____ **Witness:** _____

**Hamilton County Sherrif's Office
Background Check Authorization Form**

Please print the following information:

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____

Height: _____ Weight: _____

Drivers License State and Number: _____

Social Security Number: _____

Home Address: (P.O. Box # not acceptable) _____

Home City, State, & Zip: _____

Home Phone Number: _____

Business Address: _____

Business City, State, & Zip: _____

Business Phone Number: _____

I declare that the above is true, correct and complete. This signature will constitute my consent and authority to receive information regarding my background. I hereby authorize the police and criminal data or records to the Hamilton County Sheriff's Department.

Signature: _____

Date: _____

Witness: _____