



# SHERIFF

Marion County

## MARION COUNTY SHERIFF'S OFFICE

### ACKNOWLEDGEMENT AND RELEASE OBSTACLE COURSE PARTICIPATION

This instrument is a complete waiver and release of any claim you may have if you are injured while participating in physical activities with any of the obstacle courses at the Marion County Sheriff's Office. **Please do not sign this instrument until you have read it in its entirety, understand it and agree to its terms.**

I, \_\_\_\_\_, acknowledge that I have completely read this release and hold harmless agreement and fully understand its contents. I knowingly and voluntarily execute this release with the express intention of extinguishing any obligations, claims and causes of action as herein set forth.

By my signature on this Release, I, knowingly and voluntarily, hereby release and forever discharge ED DEAN, individually, and as SHERIFF of MARION COUNTY, FLORIDA, and the MARION COUNTY SHERIFF'S OFFICE, his/her/their employees, administrators, agents, assigns, employers, heirs, executors, firms and corporations from any and all claims, obligations, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, known and unknown, both to the person and property, which may result, or in the future develop, from my participation in the obstacle courses at the Marion County Sheriff's Office. It is my intention that this release be binding on me, my spouse, heirs and assigns, Personal Representative(s) and estate.

I further represent that I am in good physical health and that I know of no known medical problems which would prevent me from physical participating in the above-referenced obstacle courses. I understand that physical participation in any of the obstacle courses may be physically and/or mentally demanding and that I may suffer injury or death and do so at my own peril.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant's Signature (date)

\_\_\_\_\_  
Witness