



MARION COUNTY

SHERIFF'S OFFICE

**ACKNOWLEDGEMENT AND RELEASE FOR
PARTICIPATION IN SHERIFF'S CITIZEN'S ACADEMY**

This instrument is a complete waiver and release of any claim that may arise as a result of your participation in the Marion County Sheriff's Office Citizen's Academy. **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 William "Billy" Woods, individually and as Sheriff of Marion County, and the Marion County Sheriff's Office, and his/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 Sheriff's Citizen's Academy, except that this release does not purport to extend to acts of gross negligence or intentional acts, nor act as a waiver of the Sheriff's sovereign immunity or limits of liability set forth in Florida Statute 768.28. 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 participating in the Sheriff's Citizen's Academy. I understand that my participation in the Citizen's Academy may include visits to several locations involved in the Sheriff's Operations, including the Marion County Jail, the Sheriff's Inmate Work Farm, the Marion County Courthouse, and the Sheriff's Youth Ranch. I understand that the potential exists that situations may arise during the Citizen's Academy that are unpredictable and inherently dangerous. I also understand that the Citizen's Academy may include time spent in confined locations where social distancing may be difficult or impossible and where there may be an increased risk of contracting COVID-19.

Participant's Signature

(date)

Print Participant's Name

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____, by the above-named participant, who is personally known to me or has produced _____ as identification and who took an oath, acknowledging that he/she executed this document for the purposes set forth therein.

NOTARY PUBLIC (Signature)

NOTARY'S NAME (PRINTED/STAMPED)

My Commission Expires: _____

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Billy Woods, Sheriff