



JACKSON COUNTY SHERIFF

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Sheriff Tim Morse ~ Undersheriff Darrel Chapman

18th Annual Law Enforcement Day Camp 2019

August 8th & 9th, 2019

VOLUNTEER SIGN UP FORM

I, _____, would like to volunteer my time to assist with the Jackson County Sheriff's Office Law Enforcement Day Camp, and help the staff of the department in any way I can. I understand that I have to pass a full background check to be a volunteer.

Waiver of Liability, Assumption of Risk and Hold Harmless Indemnification Agreement (please read carefully before signing)

Waiver of Liability

In consideration of the acceptance of my application for participation in the Jackson Co Sheriff's Kids' Day Camp, hereinafter "the Event," I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against Jackson County, Kansas, hereinafter "the County," as a result of my participation. This waiver is intended to discharge the County, its officers, officials, employees, equipment providers, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in the Event, even though that liability may arise out of negligence or carelessness of persons or entities mentioned above.

Assumption of Risk

I further understand that participation in the Event may give rise to accidents and injuries, including but not limited to cuts, scrapes, punctures, strains, broken bones, heat illness, and drowning. Knowing the risks associated with participation in the Event, I nevertheless agree to assume these risks.

Hold Harmless & Indemnification

I further hold harmless and indemnify the County, its officials, employees, equipment providers and volunteers who might otherwise be liable to me, or my heirs or assigns, for injuries or damages. It is further understood and agreed that this waiver, assumption of risk and hold harmless agreement is to be binding on my heirs and assigns.

Acknowledgement

By signing below, I acknowledge I have read this agreement, and understand that I am giving up substantial rights, including my right to sue. And I further acknowledge that I voluntarily consent and agree to all the provisions in this agreement.

Participant/ Legal Guardian Signature

Date

Participant/ Legal Guardian Printed Name

Address

Phone

DL Number:

Date of Birth

Shirt size

If you are volunteering to be in a group with a specific child, please list their name.