



TERREBONNE PARISH SHERIFF'S OFFICE

REGIONAL TRAINING ACADEMY



TIMOTHY SOIGNET

Sheriff

CAPTAIN TIMOTHY LUCAS

Academy Director

RELEASE OF LIABILITY FORM

PRINT

NAME: _____

COURSE: _____

DEPARTMENT: _____

Participants in this class are being advised that due to the physical nature of the course, if you are suffering from any neck, back, wrist, knee, heart, muscle, or similar medical problems such as stress, hypertension, high blood pressure, muscle strains, and so forth, you should not plan to participate in this program. **THE PROGRAM DOES INVOLVE PHYSICAL CONTACT AND THEREFORE DOES INVOLVE A RISK OF INJURY.**

Although instructors will at all times maintain a high degree of care for safety of all persons attending the course, it must be understood that neither the instructor nor the organization sponsoring this instruction will assume financial or other responsibilities for injuries or illnesses suffered from or related to any training received, nor can or will be responsible for any loss to attendees as a result of damage of their property through fire, theft, or other causes. Each attendee must understand that this training is at the attendee's own risk. Therefore, prior to permission being granted for your attendance to this course, the following release of liability statement must be signed by the attendee.

I, _____, accept all risk that may be associated with this training having read and understood the above statements. I agree to indemnify and hold harmless the instructor(s) and the sponsoring organization which is/are: Terrebonne Parish Sheriff's Office and all instructors. I acknowledge that the training involves a degree of physical exercise and physical contact and therefore does involve a risk or injury. I also acknowledge that I do not have any of the above described injuries, illnesses, disabilities, or conditions which could be made worse or otherwise cause me harm during this training.

Signature: _____ Date: _____

Department Head: _____ Date: _____