



WAIVER OF LIABILITY

I am aware that as a result of my participation in the Fauquier County Sheriff's Office (Citizens Academy / Junior Sheriff's Academy) that I may be exposed to hazardous situations inherent to the law enforcement profession. This includes, but not limited to: field activities, exercises, training scenarios, etc. I am requesting participation in the (Citizens Academy / Junior Sheriff's Academy) with full knowledge that there is a potential for bodily injury, loss, or damage to my person or property.

Acknowledging these foreseeable dangers, I, the undersigned

_____ or legal guardian for those under 18 years of age do hereby release the Fauquier County Sheriff's Office, County of Fauquier, Virginia and its employees, agents, and/or associates from any and all liability for any injuries received while participating in the (Citizens Academy / Junior Sheriff's Academy).

I understand that I am responsible for my own medical coverage or any other insurance coverage or other losses of any nature. Food allergies or known medical issues must be communicated to Academy Coordinators as soon as possible prior to the start of the session.

Signature of Student / Date

Witness (Student's Signature)/Date

Signature of Guardian / Date

Witness (Guardian's Signature)/Date

Academy Coordinator / Date