



Nassau County Sheriff's Office

Sheriff Bill Leeper

GENERAL RELEASE, WAIVER OF LIABILITY

The undersigned, _____ (print name), a parent of a child participant in the "TEAM for GIRLS" program event taking place at the Emergency Operations Center June 23-27, 2025, has voluntarily applied to participate in the program, and in consideration for the benefit of the children for that purpose, and for other good and valuable consideration, the receipt and sufficiency of consideration hereby accepted and acknowledged, does hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments, or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against the Nassau County Sheriff's Office, Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assignees, employees, appointees, or agents, relating or pertaining to any and all, in whatever activity or form, including but not limited to injury, illness or death, and/or damage to, or loss of, personal property. The undersigned has full understanding and appreciation of all risks and dangers associated with participating in, or being present on or near the area of, the "TEAM for GIRLS" program. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from the participation or presence of the adult and child/children as described above.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the undersigned. It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature of Parent

Date

Witness Signature (must witness the parent sign this form)

Sworn to and subscribed before me this _____ day of _____ (month), _____ by _____ (print name) who is [] personally known to me OR [] has produced _____ as identification, and who acknowledged to and before me the executed foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires: