



# *Nassau County Sheriff's Office*

**Sheriff Bill Leeper**

## **NASSAU COUNTY SHERIFF'S OFFICE TEAMS FOR GIRLS GENERAL RELEASE AND WAIVER OF LIABILITY**

\_\_\_\_\_ (print name of Participant), a volunteer participant in the Nassau County Emergency Management TEAMS for GIRLS program (hereafter "TEAMS for GIRLS"), and \_\_\_\_\_ (print name of Parent/Guardian of Participant), in consideration for the privilege of participation in the TEAMS for GIRLS program benefiting children, the receipt and sufficiency of consideration is hereby accepted and acknowledged, do both 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 Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, or Nassau County, Florida and its assigns, employees, appointees or agents, relating to any and all participation, in whatever activity or form, as a participant in TEAMS for GIRLS, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property.

The undersigned Participant and Parent/Guardian have full understanding and appreciation of all risks and dangers associated with the TEAMS for GIRLS program, including but not limited to, exposure to the Nassau County Sheriff's Office, the Nassau County Jail and Detention Center, the Nassau County Communications Center, or exposure to law enforcement related calls for service or other law enforcement tasks; coming into contact with, or hearing or seeing information related to cases or law enforcement calls that could be disturbing or violent in nature, or may contain adult language or vulgarity, injury, or death; or a tour of the Jail that might expose the Participant to hearing or seeing inmates or jail or confinement conditions. Additionally, the Participant may be exposed to outdoor conditions/elements such as direct sunlight, heat, humidity, rain, or cold weather for extended periods of time for any demonstration. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from participation in any of the aforementioned.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned Participant and Parent/Guardian and all respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees of same. 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 Participant and Parent/Guardian. It is acknowledged and agreed the undersigned have voluntarily, knowingly, and willingly executed this Release.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 202\_\_\_\_, by \_\_\_\_\_ (print name) who is [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

\_\_\_\_\_  
**Signature of Parent/Guardian of Participant**

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_, by \_\_\_\_\_ (print name) who is [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

# TEAM for GIRLS 2025

## **APPLICANT INFORMATION**

Name:

\_\_\_\_\_

First Middle Last

Birthdate: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Cell phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

Parent / Guardian Name:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other Emergency Phone # \_\_\_\_\_

The student applicant has health needs or allergies that need to be considered  
(describe):

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL TEAMS FOR GIRLS PHOTO AND VIDEO RELEASE**

The undersigned does hereby grant permission to use the likeness of myself or my child/children in photographs, video recordings or electronic images in any and all of its publications, including website entries or vehicle wraps or artwork, without payment or any other consideration. The undersigned understands and agree that these materials will become the property of the Nassau County Sheriff's Office and will not be returned. The undersigned does hereby irrevocably authorize the Nassau County Sheriff's Office to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing fundraising or other Nassau County Sheriff's Office programs or for any other lawful purpose. In addition, the undersigned does hereby waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. The undersigned expressly waives any right to royalties or other compensation arising or related to the use of my image.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 202\_\_\_\_, by \_\_\_\_\_ (print name) who is [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

\_\_\_\_\_  
**Signature of Parent/Guardian of Participant**

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_, by \_\_\_\_\_ (print name) who is [ ] personally known to me or [ ] produced \_\_\_\_\_ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires: