



Youth Activity Day

Release of Liability

I certify that the information on this application is true and complete to the best of my knowledge. I also grant the Arapahoe County Sheriff's Office permission to verify the above information contained on this application through the use of an investigative background inquiry including criminal convictions, motor vehicle records and other reports. I understand that the Arapahoe County Sheriff's Office may request information from various federal, state and other agencies, which maintain records concerning my past activities relating to driving, civil, and other experiences.

Signature: _____ Date: _____

In consideration of the training and education I will receive by being a participant in the Youth Activity Day, I, the undersigned, release Arapahoe County and its employees of any and all liability, claims, demands, actions, and causes of action which I may hereafter have on account of any and all injuries and damages to me, or to my property, or my death arising out of or related to any happenings or occurrence while participating. I promise to release and not sue said persons and agree to forever hold them harmless from such liability, claims, actions, or causes of action.

The terms hereto shall be in full force and effect on the date hereof and any other occasion when I may accompany any deputy sheriff(s) of Arapahoe County, Colorado.

I have read and understand the conditions of this program and hereby agree to voluntarily assume all risk of loss, damage, injury, or death, which may be sustained while participating in the Youth Activity Day or accompanying said ACSO deputy(s).

The release and agreement shall be binding upon by my heirs, executors, administrators, personal representatives, assigns and shall insure to the benefit of said County, agents, public officials, and persons herein designated, and their heirs, executives, administrators, personal representatives, assigns and successors in office.

Signature: _____ Date: _____

Permission for Photography:

I hereby give my permission for the Arapahoe County Sheriff's Office to use any still photograph or video footage in which I may appear for publicity purpose(s). I will do this voluntarily. If opting out of having my photo taken, please check the box ____.

Signature: _____ Date: _____

I, the undersigned, represent that I am the legally appointed guardian of the above person who is less than 18 years of age, that he/she has signed the foregoing document with my full knowledge and consent, and that I join in the execution of the same and agree to the terms thereof and hereby bind myself and independently agree to the same terms and provisions for myself, my heirs, executors, personal representatives and assigns.

Signature: _____ Date: _____

Email this form to mcleveland@arapahoegov.com