

ARAPAHOE COUNTY SHERIFF'S OFFICE DETENTION FACILITY
7375 S. POTOMAC ST.
CENTENNIAL, COLORADO 80112
720-874-3500

DETENTION FACILITY TOUR WAIVER AND RELEASE

NAME: _____ DOB: _____

ADDRESS: _____ PHONE: _____

I wish to tour the Detention Facility
on the following date: _____

In consideration of the training and education I will receive by being permitted to tour the Arapahoe County Sheriff's Office Detention Facility, I, the undersigned, release Arapahoe County and the Arapahoe County Sheriff's Office and their employees, elected officials and appointed contract 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 happening or occurrence while at the Arapahoe County Sheriff's Office Detention Facility and/or accompanying said Sheriff's Office employee(s) for the same purpose. I promise to release and not sue said entities and/or 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 employee(s) of Arapahoe County, Colorado.

I hereby agree to voluntarily assume all risk of loss, damage, injury or death, which may be sustained while accompanying said employee(s).

The release and agreement shall be binding upon me 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, executors, administrators, personal representatives, assigns and successors in office.

Signature: _____ Date: _____

I, the undersigned, represent that I am the parent or 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 of Parent/Guardian: _____ Date: _____

(Office Use Only) Cleared
NCIC/CCIC/In-House by: _____

Sergeant Signature: _____