



INDIAN RIVER STATE COLLEGE

Criminal Justice Institute

General Release of Liability and Assumption of Risk

I have voluntarily and knowingly enrolled or are participating in a course(s), training, testing or exercise(s) at the Treasure Coast Public Safety Training Complex at Indian River State College. I agree to assume full responsibility for obtaining information about the content of the course(s), training, testing or exercise(s), including, but not limited to, weapon requirements, safety procedures and risks specific to the activity.

I recognize and acknowledge that my participation in this course(s), training, testing or exercise(s) may require that I will utilize potentially dangerous equipment and at my own risk. I have no physical restrictions, or medical or psychological conditions that would prohibit my participation in the course(s), training, testing or exercise(s) I have registered for or are participating in, and agree to assume responsibility for any injuries or damages which may occur to me on, in or about the premises of the various locations where these course(s), training, testing or exercise(s) may be taught.

I agree to assume the risks incidental to my participation in the course(s), training, testing or exercise(s), and release and forever discharge Indian River State College and all associated agents and instructors of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in such activities.

I agree to indemnify and hold harmless Indian River State College, and all members of Indian River State College, and the officers, employees, agents, instructors, representatives, successors and assigns of each against any and all liabilities, claims, actions, damage, costs or expenses, including, but not limited to, attorney's fees and other professional fees and disbursements. I understand this release and indemnity include any claims based on the negligence, action or inaction of any of the above parties, and covers bodily injury (including death) and property damage, whether suffered by me before, during or after such participation. By signing this release of liability and assumption of risk form, you recognize an exculpatory clause relating to the facility and/or operator from any negligence claims arising from its own conduct.

This agreement shall be binding upon me and my heirs, personal representatives and assigns and shall be governed by the laws of the State of Florida.

I have executed this release with full knowledge that it is legally binding and with willful knowledge of its terms and the consequences of my signing and executing same. I do so freely and voluntarily, without compulsion of any kind or nature.

Printed name & signature (___ if under 18)

Date

Parent/guardian name & signature (if applicable)

Date

Witness 1

Date