



CARVER COUNTY, MINNESOTA
SHERIFF'S OFFICE

606 East Fourth Street
Chaska, Minnesota 55318

Jason Kamerud
Sheriff

952-361-1231

952-361-1231

Citizens Academy Wavier of Claim			
Name (Last, First, Middle, JR/SR)			Date of Birth
Address		City	State
Zip Code	Home Phone #	Cell Phone #	Email

BE IT KNOWN, that I, (print name) _____ ON (date) _____ being of lawful age and of sound mind, for myself and my heirs, administrators, executors, and assigns, hereby waive the right to assert my claim, action or cause of action whatsoever against the County of Carver or its employers/employees, officers and agents for any injury, loss of damage whatsoever, to my person and/or personal property in my possession, including injuries resulting in death, arising out of any accidents or events occurring while I am participating in the Carver County Sheriff's Office Citizens Academy.

I am aware that participation in physical aspects of training presented to me during the Citizens Academy may expose me to harm and may result in personal injury, loss or damage, and I assume the risk of such known or unknown circumstances, events, dangers, or hazards, whether reasonably foreseeable or not.

I further agree to save and hold the County of Carver harmless from any and all claims that may arise or attribute directly or indirectly to me in conjunction with my participation in the Carver County Sheriff's Office Citizens Academy.

Signature:	Date:
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Permission is hereby granted to the above named party and whose signature is affixed to this form to participate in the Carver County Sheriff's Office Citizens Academy.

Dated this _____ day of _____ 20_____.

Approved by Carver County Sheriff _____
Sheriff Signature