

GOOCHLAND COUNTY SHERIFF'S OFFICE

PROGRAM WAIVER



Name of Program: _____

I wish to participate in the above-identified Goochland County Sheriff's Office program or event. I have read the materials describing the program/event, am familiar with the activities that will be involved, and certify that I am fully capable of participating in the program/event. I agree to comply with all instructions given to me for participation in the program/event. I hereby release and agree to indemnify and save harmless the Goochland County Sheriff's Office, its employees, officials, volunteers, and agents, including representatives and employees of any organization participating in providing the program/event, from any and all claims of any nature, which may occur, directly or indirectly, as a result of my participation in the program/event.

Print Name: _____

Signature: _____ Date: _____

*Signature of Parent/Guardian: _____ Date: _____

**If participant is under 18 years of age*

Media Release: The Goochland County Sheriff's Office may take photographs and video recordings of the participants and use the material for recruitment, marketing, and educational purposes. If you consent to our use of photographs and/or video recordings, please initial the line below. Your consent is not required to participate in the program/event.

Initials of Participant: _____

*Initials of Parent/Guardian: _____

**If participant is under 18 years of age*